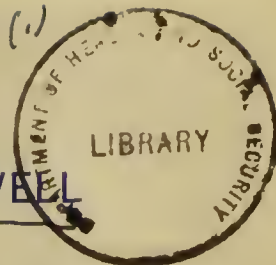




AC.4413(1)

COUNTY OF SURREY
print
BOROUGH OF EPSOM AND EWEY



W.G.

Annual Report

of the

Medical Officer of Health,

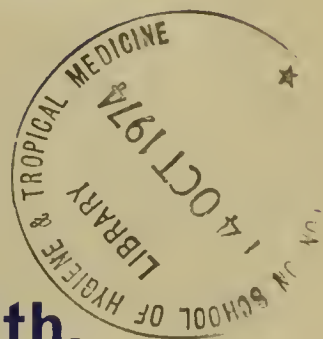
School Medical Officer


and

The Chief Public Health Inspector

for the Year

1972





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Administrative Centre, Ashley House

BOROUGH OF EPSOM AND EWELL

PUBLIC HEALTH COMMITTEE AS CONSTITUTED AT

31st DECEMBER, 1972

Chairman: Alderman W. J. Clark, P.P.I.A.A.S., F.R.S.A., F.R.S.H.

Vice-Chairman : Alderman M J. J. Collas

Alderman R. W. Smith; Councillors J. B. L. Andrews, W. R. Carpenter, N. F. Colyer, M.A., Mrs. D. M. Harrison, St. J. H. Heather, D.F.C., F.Inst.PET, M.A.I.M.E., L. S. Markwick, D. C. J. Pottinger, Mrs. J. M. Storer, E. J. Veryard and L. F. Wood.

Ex Officio Members

THE MAYOR (Alderman H. R. Newton)

DEPUTY MAYOR (Alderman Mrs. D. J. Fender)

STAFF OF THE HEALTH SERVICES DEPARTMENT

AT 31st DECEMBER, 1972

Medical Officer of Health

T. A. Plumley, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., M.F.C.M., D.Obst., R.C.O.G.

Senior Medical Officer

Elizabeth M. Davis, M.B., B.S., D.C.H.

Medical Officer

Caroline A. Canepa-Anson, M.B., B.S., M.R.C.P., D.C.H.

Dental Officers

Godfrey Ashworth, L.D.S., H.D.D., F.D.S.

Derek A. N. Brown, L.D.S., R.C.S.

Chief Public Health Inspector

L. H. Grace, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector

W. H. Gray, M.A.P.H.I.

Public Health Inspectors

C. E. Mallett, M.A.P.H.I.

R. W. Wiles, M.A.P.H.I.

A. W. Franklin, M.A.P.H.I.

Technical Officer

Wm. C. Alder, A.R.S.H., M.A.P.H.I.

Pupil Public Health Inspector

Miss P. Wort

Area Nursing Officer

Miss J. Dorrington, S.R.N., S.C.M., H.V.Cert.

Nursing Officer

Mrs. S. E. Donovan, S.R.N., S.C.M., H.V.Cert.

Domiciliary Nurses and Midwives

(a) *Whole-Time*

Miss T. Williams, S.R.N., S.C.M., Q.N.
Miss K. Burks, S.R.N.
Mrs. E. Blatchley, S.R.N., S.C.M.
Mrs. V. Francis, S.R.N.
Mrs. M. Girling, S.R.N.
Miss S. Gower, S.E.N.

Miss J. Henderson, S.R.N., S.C.M., Q.N.
Mrs. D. House, S.R.N.
Mrs. S. Knowles, S.R.N.
Miss J. Mills, S.R.N., S.C.M., Q.N.
Miss A. M. Nugent, S.R.N., S.C.M., Q.N.
Mr. L. C. Pretty, S.R.N., Q.N.

(b) *Part-Time*

Mrs. P. Bamford, S.R.N., S.C.M.
Mrs. C. Biles, S.E.N.
Mrs. S. Boyne, S.R.N.
Mrs. E. Frost, S.R.N.

Mrs. M. Gibson, S.R.N.
Mrs. M. Merricks, S.R.N.
Mrs. P. Pritty, S.R.N., Q.N.

(c) *Nursing Auxiliaries*

Mr. G. England
Mrs. I. Hamilton

Mrs. S. A. Haydock

Surgery Nurses

Mrs. M. N. Davies, S.R.N., S.C.M. (Part-Time) Mrs. N. Snee, S.R.N. (Part-Time)

School and Clinic Nurses

(all Part-Time)

Mrs. D. M. Clark, S.R.N.
Mrs. E. MacDonald, S.R.N.

Mrs. N. R. Copland, S.E.N.
Mrs. D. Pretty, S.R.N.

Health Visitors

Mrs. Chalupka, S.R.N., H.V.Cert.
Mrs. E. Chapman, S.R.N., H.V.Cert.
Mrs. C. Cotton, S.R.N., S.C.M., H.V.Cert.
Miss H. Davies, S.R.N., S.C.M., H.V.Cert.
Mrs. E. Gorry, S.R.N., R.M.N., H.V.Cert.
Mrs. T. Grogan, S.R.N., H.V.Cert.
Miss J. M. Headley, S.R.N., S.C.M., H.V.Cert.
Mrs. B. J. Hewett, S.R.N., H.V.Cert.

Mrs. P. Kitchen, S.R.N., H.V.Cert.
Mrs. J. Pocock, S.R.N., S.C.M., Q.N.,
H.V.Cert.
Mrs. L. Poulson, S.R.N., H.V.Cert.
Miss A. Rivett, S.R.N., S.C.M., H.V.Cert.
Mrs. P. Rust, S.R.N., H.V.Cert.
Mrs. A. Strong, S.R.N., H.V.Cert.
Mrs. M. Taylor, S.R.N., H.V.Cert.
Mrs. E. Y. Wright, S.R.N., S.C.M., H.V.Cert.

Chiropodists

Mrs. A. Dearlove, M.Ch.S.
Miss G. R. Edmonds, M.Ch.S. (Part-time)

Mrs. H. J. Hughes, M.Ch.S. (Part-Time)
Miss M. B. Warrick, M.Ch.S. (Part-time)

Physiotherapists

Mrs. R. B. Baker
Mrs. R. P. Panchard

Mrs. D. L. C. Walker

Dental Surgery Assistants

Mrs. J. Holladay

Mrs. C. M. Biffen

Clerical Staff to the Medical Officer of Health

R. A. Stay (Administrative Assistant)
Mrs. P. A. Davies
Mrs. F. M. Black
Miss R. White
Mrs. K. Dickson

R. E. Thorpe, L.M.R.S.H. (Senior Clerk)
Mrs. L. M. Wetherell
Mrs. L. S. Jones
Mrs. W. E. Bridges
B. Nash

Clinic Clerks

Mrs. T. Morrison
Mrs. M. J. G. Foreman (Part-time)

Mrs. J. Stout (Part-time)

Chief Public Health Inspector's Clerical Staff and Outdoor Staff

W. J. Jenkins (Chief Clerk)
Mrs. M. E. Marsh
R. K. F. Way (General Assistant)

Mrs. E. G. Clarke
Miss C. J. Parsons
F. J. Perry (Rodent Operative)

Mr. Mayor, Ladies and Gentlemen,

I have the honour of presenting my Annual Report on the state of the Borough's health in 1972. Fortunately, it was a truly lean year as far as infectious diseases were concerned, but people were still dying too early and in many cases unnecessarily from self-determined disease arising from such habits as smoking and over-eating.

Morituri Te Salutant—The Demise of the Medical Officer of Health

This report is written with a great deal of sadness as after well over a hundred years the office of Medical Officer of Health will disappear into the murky archives of history. As the last appointed Medical Officer of Health to the Borough of Epsom and Ewell, I am particularly grieved that gradual erosion in company with precipitate change have militated towards my own extinction and that of other Medical Officers of Health. Like a hen-bird the Medical Officer of Health has been deprived of his brood one by one with such services as environmental health, hospitals, housing, nursing and social services flying from the nest. The only other egg marked "Community Physician" awaits hatching, and it is to be wondered what horrors or joys lurk under the shell. It may well be like the curate's egg good in parts, or like that of the cuckoo a misfit. On the other hand it may turn out to be the golden egg.

Graviora Quaedam Sunt Remedia Periculis—The Fruits of Change

The Medical Officer of Health could be sorely missed by the Community in his role as a doctor uncommitted to general or hospital practice. His title has meant something to the nation in that he is the acknowledged guardian of the public health, and is directly approachable by anyone resident in his authority for assistance in health and indeed social matters. He does not have to declare an interest before pursuing any enquiry or problem. In addition he has statutes, such as the Public Health Acts, to support him if necessary in achieving an answer to difficult and unpleasant situations. If he disagrees with his local authority in the sphere of health he can say so without fear of losing his position, if his contention is justified. He is now due to be replaced in part by the Community Physician with no statutory powers. It is possible that decisions will be more difficult to make as these must be arrived at by consensus with administrative officers, general practitioners, hospital consultants and nursing officers involved in a District Management Team. Much will depend upon the intermingling of personalities. I sincerely hope that the District Councils will accept the Community Physician as their medical advisor, especially in the field of infectious diseases, and thus keep some link with the past.

Vis a Tergo—Working Towards Integration

In my last Annual Report I touched upon various subjects including integration of the caring services and the unique contribution of the voluntary worker. As regards integration, despite two years of endeavour in trying to get professions together I must comment that although the community and the hospital nurses have made considerable steps towards co-operation and understanding each other's problems, with some exceptions there has only been slow progress in the acceptance of integration by general practitioners and consultants. The door is ajar but the chain is still in place.

Tanto Uberior—Services Freely Given

The role of the Voluntary Worker continued to be very much appreciated by the staff and I still hope, as mentioned in my last Annual Report, that a Council of Social Services can be set up to make the optimum use of valuable manpower. We must not be too defensive or possessive in our attitude to each other.

In order to encourage closer co-operation between statutory and voluntary organisations the Epsom and Ewell Luncheon Club was restarted during the year at the Epsom Health Clinic, and attendance have been good, but could be very much better. Owing to lack of accommodation and parking space the Club has moved to the St. Barnabas Church Rooms, Epsom by the kind permission of the vicar.

Honor Virtutis Praemium—The Staff

We were extremely sorry to lose the devoted and loyal service of Miss K. M. Duncombe, District Midwife, in July. She had been working in the Borough for 23 years, and was much loved and respected by her many patients. She was also held in the highest regard by her colleagues and the large number of pupil midwives who benefited from her teaching. We wish her a very happy and rewarding retirement in Bexhill.

In the twilight of a momentous era, I feel that I must take this opportunity of speaking on behalf of my staff. They will be leaving the aegis of the Borough Council on the 1st

April, 1974, and entering an unknown territory. The staff in all sections have given conscientious, loyal and unstinting service to the residents of the Borough over many years, and I sincerely hope that the Borough Council will bear this in mind and give every help and protection to their past employees to ensure that their future is as secure as possible. I personally have never had a better staff, and I deeply regret that I am unable to act as a guardian of their interests during the transitional period. The photographs in this report are intended to high-light the variety of work carried out by the Health Services Department. Our aim has always been to give and to maintain the optimum service to the community.

As in previous years I am grateful to the Chairman and Members of the Public Health Committee for their help and interest during 1972. My thanks are also due to Mr. L. H. Grace, Chief Public Health Inspector, and all his staff for their co-operation and ready support. I have very much appreciated the helpfulness of all the Chief Officers and their staffs whenever approached by me or my staff.

It will be understood that from what I have said earlier in my report I wish to thank all members of the Health Services Department for their conscientious, enthusiastic and loyal backing during my two years in the Borough. Although it is invidious to mention names I am particularly grateful to Dr. E. Davis, Senior Medical Officer, Miss J. Dorrington, Area Nursing Officer and Mr. R. A. Stay, Administrative Assistant, for their wonderful support.

I am, Mr. Mayor, Aldermen and Councillors, Your Obedient Servant.

*T. A. PLUMLEY,
Medical Officer of Health.*

Key to Latin Phrases

- | | |
|---|--|
| (a) Morituri Te Salutant | — Men doomed to die salute thee. |
| (b) Graviora Quaedam Sunt Remedia Periculis | — Some remedies are more grievous than the perils. |
| (c) Vis a Tergo | — Compulsion from behind. |
| (d) Tanto Uberior | — So much the richer. |
| (e) Honor Virtutis Praemium | — Honor is the reward of virtue. |

PART ONE

**GENERAL
AND
STATISTICAL**

REMINDERS OF THE PAST

(Extracts from the Annual Report of the Medical Officer of Health for the Year 1937, when the town received its Charter of Incorporation as a Borough.)

At a time when the present authority is preparing to relinquish its functions and powers to the new District Council in 1974, it is of interest to be reminded of some public health problems thirty-six years ago.

"Eradication of Bed-Bugs

The following is a summary of action taken during the year for the eradication of bed-bugs:—

Houses found infested

(a) Council houses	...	...	...	...	...	...	...	...	2
(b) Other houses	...	...	...	...	...	...	...	...	21
Total	...	...	...	...	...	...	...	...	23

Evidence of infestation is found in the course of routine housing inspections by the Sanitary Inspectors, or following complaints, and in the case of Council houses by the Housing Manager."

"Tents, Vans and Sheds used as Dwellings

A roughly constructed shed in Ewell was found to be occupied by a man, his wife, and one child. On drawing the owner's attention to the matter, the Sanitary Inspector was informed that the occupants were engaged on temporary land work. At his request, the occupants found other accommodation and the owner demolished the shed.

During Derby Week, eighty-five gipsy caravans with one hundred and fifteen horses were encamped on a field adjoining Downs Road, by permission of the owner.

On inspection, it was found that no sanitary accommodation had been provided and the only water supply available was a water trough used by cattle.

On request, two temporary conveniences (one for males and one for females) were erected, and a standpipe with tap on the main supply provided for drinking purposes.

Several subsequent inspections were made, when no nuisance was found on the field, but a complaint was received during the following week that litter, old iron and other rubbish had been deposited on land adjoining.

Owing to the large number of caravans coming into the district, particularly during race week, every effort is made to prevent their encampment on vacant land within the Borough. Action is usually taken in conjunction with the Police and during the year thirty-four caravans were removed after notice."

"Scarlet Fever

Sixty-six cases of scarlet fever were notified during the year, as in 1936. The case-rate per 1,000 population was 1.16 compared with the rate of 2.33 for England and Wales as a whole."

"Diphtheria

Fifteen cases of diphtheria were notified, compared with twenty cases in the previous year. The case-rate per 1,000 population was 0.26 compared with the rate of 1.49 for England and Wales. No death was registered as being caused by diphtheria."

"Enteric Fever

Five notifications of enteric fever were received, all in respect of patients at London County Council Institutions. I have commented in previous reports on the fact that a high incidence enteric fever is not unusual in hospitals occupied by patients suffering from mental disorders. The case-rate per 1,000 population was 0.09 compared with the rate of 0.05 for England and Wales as a whole. No death was registered as having been caused by enteric fever."

"Tuberculosis

The twenty-four deaths from pulmonary tuberculosis represent an annual death rate of 0.42 per thousand population, compared with the rate of 0.58 for England and Wales as a whole. Non-pulmonary tuberculosis caused one death, the death rate being 0.02 compared with that of 0.11 for England and Wales. The total tuberculosis death rate per thousand population is therefore 0.44 compared with the rate of 0.69 for England and Wales as a whole."

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1972

VITAL STATISTICS FOR THE YEAR

	1972	1971	1937
Area (acres)	8,427	8,427	8,427
Population (Census 1971, 1931)	72,301	72,301	35,231
Population (Estimated mid-year)	72,170	72,120	56,830
Density (persons per acre)	8.56	8.56	6.7
Number of inhabited houses	23,235	23,127	13,339
Rateable value	£4,394,196	£4,303,747	£606,168
Product of penny rate	£42,725	£42,725	£2,312

Live Births

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate ...	394 (398)	392 (402)	786 (800)
Illegitimate ...	23 (18)	18 (16)	41 (34)
	<u>417 (416)</u>	<u>410 (418)</u>	<u>827 (834)</u>

Live birth rate per 1,000 estimated population ...	11.5
Standardised birth rate per 1,000 estimated population	12.8
Illegitimate live birth rate per cent of total births ...	5.0

Still Births

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate ...	3 (4)	5 (3)	8 (7)
Illegitimate ...	1 (—)	1 (1)	2 (1)
	<u>4 (4)</u>	<u>6 (4)</u>	<u>10 (8)</u>

Still birth rate per 1,000 live and still births	12.0	10.0	31.6
---	------	------	------

Deaths

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Private	376 (326)	364 (329)	740 (655)
Patients in mental hospitals	132 (122)	228 (244)	360 (366)
	<u>508 (448)</u>	<u>592 (573)</u>	<u>1,100 (1,021)</u>

Crude death rate	15.2	14.1	6.9
Standardised death rate	9.6	9.0	6.0

Death of Infants under 1 year of age

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate ...	3 (6)	5 (2)	8 (8)
Illegitimate ...	— (1)	— (—)	— (1)
	<u>3 (7)</u>	<u>5 (2)</u>	<u>8 (9)</u>

Infant mortality rate per 1,000 live births:

Total	10.0	11.0	35.3
Legitimate	10.0	10.0	35.6
Illegitimate	—	29.0	28.6



Neonatal Mortality

Number of deaths of infants under 4 weeks of age:

		<i>Males</i>	<i>Females</i>	<i>Total</i>	1972	1971	1937
Legitimate	...	2 (5)	4 (1)	6 (6)			
Illegitimate	...	— (1)	— (—)	— (1)			
		<u>2 (6)</u>	<u>4 (1)</u>	<u>6 (7)</u>			

Neonatal mortality per 1,000 live births ... 7.0 8.0 *

Early Neonatal Mortality

Number of deaths of infants under 1 week of age:

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	— (4)	4 (1)	4 (5)
Illegitimate	...	— (1)	— (—)	— (1)
		<u>— (5)</u>	<u>4 (1)</u>	<u>4 (6)</u>

Early neonatal mortality rate per 1,000 live births ... 5.0 7.0 *

Perinatal Mortality

Stillbirths and deaths under 1 week per 1,000 live and still births ...

17.0 17.0 *

Maternal Mortality

Maternal deaths (including abortions) ...	—	—	3
Maternal mortality rate per 1,000 live and still births	—	—	3.8

The figures in brackets are for 1971.

*Statistics not produced in 1937.

POPULATION

The Registrar General's estimate of population for 1972 was 72,170 and this figure has been used for statistical purposes in the preparation of this Report. The estimate is 50 higher than in the previous year.

The number of deaths exceeded the number of live births by 273. This apparently high proportion of deaths is in part accounted for by the large number of elderly patients in the five mental hospitals in the Borough. The number of occupied beds in the mental hospitals was 5,846 compared with 6,222 in 1971.

Births

Live births totalled 827 representing a birth rate of 11.5 per 1,000 population. The Registrar General by providing a comparability factor (1.11 for Epsom), makes adjustments in respect of each area having regard to variations in age and sex distribution of population and the influence on the birth rate of the large institutions in this district. By applying the comparability factor to the crude birth rate the standardised birth rate of 12.8 is obtained compared with the figure of 14.8 for England and Wales in 1972.

Deaths

The number of deaths assigned by the Registrar General was 1,100 compared with 1,021 in 1971. Of this total 360 occurred in the local mental hospitals in patients whose stay exceeded six months. Where death occurred within six months of admission the death was assigned to the district from which the patients had come. The crude death rate was 15.2 per 1,000 total resident population. By applying the Registrar General's comparability factor, 0.63, to the crude death rate a standardised death rate of 9.6 is obtained compared with the figure of 12.1 for England and Wales in 1972.

Causes of Death

The causes of death are classified in Table II, the total deaths amounting to 1,100. The commonest killer is disease of the heart and blood vessels (538). Respiratory disease, especially bronchitis and pneumonia in the elderly, and malignant disease are the two other major causes of death.

Accidental Deaths

Road accidents involving motor vehicles accounted for 10 deaths, 1 more than 1971.

Accidents other than Road Accidents

These accidents accounted for 14 deaths—1 less than in 1971.

Suicide

The number of suicides was 7 compared with 6 in 1971. Death was due to:

	1972	1971	1970
Overdose of drugs	3	4	4
Carbon Monoxide	1	—	2
Hanging	2	—	2
Jumped from roof	—	—	1
Jumped from window	—	—	1
Jumped in front of car	—	1	1
Not known	—	—	1
Firearm wound	—	1	—
Jumped from cliff	1	—	—
	<hr/> 7	<hr/> 6	<hr/> 12

Infant Mortality

The infant mortality rate (i.e. deaths of infants under 1 year per 1,000 live births) was 10.0 for the Borough compared with 17.0 for England and Wales. Of the 8 infant deaths 6 occurred during the first 4 weeks.

Causes of death were:

	1972	1971	1970
Respiratory failure	4	3	3
Congenital heart disease	—	2	2
Atelectasis	—	1	2
Bronchitis	1	2	2
Prematurity	—	1	1
Leukaemia	—	—	1
Suffocation	—	—	1
Pneumonia	1	—	—
Malignancy	1	—	—
Hydrocephalus	1	—	—
	<hr/> 8	<hr/> 9	<hr/> 12

Maternal Mortality

There were no maternal deaths in 1972.

TABLE I
COMPARATIVE BIRTH, DEATH AND MORTALITY RATES 1881-1972

	<i>Birth Rate per 1,000 Population</i>		<i>Death Rate per 1,000 Population*</i>		<i>Mortality Rates per 1,000 Live Births of Children under one year of age</i>	
	England and Wales	Epsom and Ewell	England and Wales	Epsom and Ewell	England and Wales	Epsom and Ewell
1881 - 1890	32.4	26.2	19.1	14.5	142.0	107.0
1891 - 1900	29.9	22.9	18.2	13.7	153.0	121.0
1901 - 1910	27.2	24.9	15.4	11.7	128.0	93.0
1911 - 1920	21.8	18.2	14.3	11.5	100.0	71.0
1921 - 1930	18.3	16.1	12.1	9.8	72.0	49.0
1931 - 1940	14.9	12.6	12.3	7.3	58.0	41.0
1941 - 1950	16.9	14.2	12.3	9.4	43.1	28.4
1951 - 1960	15.8	10.4	11.6	15.0	24.8	19.1
1961	17.4	11.4 (13.6)	12.0	14.0 (9.5)	21.6	23.8 (19 deaths)
1962	18.0	12.5 (14.7)	11.9	15.4 (10.2)	21.6	13.7 (12 deaths)
1963	18.2	12.6 (14.2)	12.2	15.8 (9.9)	20.9	27.0 (24 deaths)
1964	18.4	12.8 (14.5)	11.3	14.7 (9.3)	20.2	18.5 (17 deaths)
1965	18.1	13.0 (14.7)	11.5	15.0 (9.45)	19.0	15.0 (14 deaths)
1966	17.7	13.5 (15.2)	11.7	15.3 (9.48)	19.0	19.5 (19 deaths)
1967	17.2	11.7 (13.2)	11.2	15.3 (10.1)	18.3	10.7 (9 deaths)
1968	16.9	12.1 (13.8)	11.9	15.2 (9.3)	18.0	12.6 (11 deaths)
1969	16.3	12.0 (13.6)	11.8	15.4 (9.4)	18.0	14.0 (12 deaths)
1970	16.0	12.1 (13.7)	11.7	15.0 (9.6)	18.0	14.0 (12 deaths)
1971	16.0	11.6 (13.1)	11.6	14.1 (9.0)	18.0	11.0 (9 deaths)
1972	14.8	11.5 (12.8)	12.1	15.2 (9.6)	17.0	10.0 (8 deaths)

* Deaths of patients in mental hospitals included from 1953. From 1956 the standardised death rate allows for the high mortality in residential institutions, such as hospitals for mental illness. (Bracketed figures represent standardised rates.)

TABLE II
CAUSES OF DEATH IN THE BOROUGH OF EPSOM AND EWELL

Cause of death	Sex	4 weeks and under				Age in years							75 and over
		All Ages	Under 4 weeks	4 weeks 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	
B5 Tuberculosis of Respiratory System	M	1	—	—	—	—	—	—	—	—	—	—	1
B6(1) Late Effects of Respiratory TB	F	—	—	—	—	—	—	—	—	—	—	—	—
B6(2) Other Tuberculosis	M	1	—	—	—	—	—	—	—	—	—	1	—
B17 Syphilis and its Sequelae	F	1	—	—	—	—	—	—	—	—	1	—	—
B18 Other Infective and Parasitic Diseases	M	—	—	—	—	—	—	—	—	—	—	—	1
B19(1) Malignant Neoplasm, Buccal Cavity, etc.	F	2	—	—	—	—	—	—	—	—	—	1	—
B19(2) Malignant Neoplasm, Oesophagus	M	2	—	—	—	—	—	—	—	—	1	—	—
B19(3) Malignant Neoplasm, Stomach	F	13	—	—	—	—	—	—	—	—	—	—	1
B19(4) Malignant Neoplasm, Intestine	M	7	—	—	—	—	—	—	—	—	—	8	5
B19(6) Malignant Neoplasm, Lung, Bronchus	F	9	—	—	—	—	—	—	1	1	2	2	5
B19(7) Malignant Neoplasm, Breast	M	16	—	—	—	—	—	—	1	3	4	1	10
B19(8) Malignant Neoplasm, Uterus	F	13	—	—	—	—	—	—	—	—	4	17	10
B19(9) Malignant Neoplasm, Prostate	M	16	—	—	—	—	—	1	1	3	4	8	1
B19(10) Leukaemia	F	4	—	—	—	—	—	—	—	1	—	—	—
B19(11) Other Malignant Neoplasms	M	9	—	—	—	—	—	—	—	1	1	1	6
B20 Benign and Unspecified Neoplasms	M	1	—	—	—	—	—	—	—	—	—	2	—
B21 Diabetes Mellitus	F	23	—	1	—	—	—	1	1	—	5	12	3
B46(1) Other Endocrine, etc., Diseases	M	36	—	—	—	—	—	—	—	—	14	9	12
	F	2	—	—	—	—	—	—	—	—	1	—	—
	M	1	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	—	—	—	5
	M	2	—	—	—	1	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

SERVICES UNDER THE PUBLIC HEALTH ACTS

Water Supply

The source of the Borough's water supply remains unchanged. Epsom, including the local hospitals, is supplied from the deep chalk wells of the Council's undertaking in East Street. It is the routine practice for the Borough Water Engineer to send weekly samples of raw water to the County's Public Health Laboratory in London. Reports throughout the year were satisfactory. In addition regular samples of raw water from this source were submitted to the Public Health Laboratory in Epsom and all were found to be satisfactory. Ewell is supplied mainly from the Sutton District Water Company's chalk wells in Carshalton Road, Sutton, and in Woodmansterne. Monthly samples were submitted to the County's Public Health Laboratories. A part of the Borough in the Stoneleigh and Worcester Park area (population 7,016) is supplied by the Metropolitan Water Board (River Thames). The quality control of the Water Board's Laboratories was carried out by means of daily sampling and 99.97 per cent samples of treated water were negative for Bact. coli (Type 1). Part of West Park Hospital supply, about 50,000 gallons per day, is pumped from a deep well on the site—all samples of raw water from the well proved satisfactory.

Chlorination of all raw water was carried out before it was put into supply. All samples of tap water going into supply gave a satisfactory report.

The chemical analyses of the water from the Borough's undertaking and from the Sutton District Water Company were reported on at regular intervals and below are given typical results.

	<i>Epsom and Ewell Corporation</i>	<i>Sutton District Water Company</i>
Appearance	Clear and bright	Bright with slight deposit of minute particles of calcium carbonate
Colour	Nil	Nil
Odour	Nil	Nil
pH	7.3	9.2
Electric Conductivity	500	280
Dissolved Solids dried at 180°C	340	215
Chlorine as Chloride	17	18
Free Carbon Dioxide	26	Absent
Alkalinity as Calcium Carbonate	235	90
Hardness : Total	290	125
Carbonate	235	90
Non-Carbonate	55	35
Nitrate Nitrogen	6.4	8.8
Nitrite Nitrogen	Absent	Less than 0.01
Ammoniacal Nitrogen	0.00	0.18
Albuminoid Nitrogen	0.00	0.00
Residual Chlorine		0.14
Metals : Iron	Absent	Absent
Zinc	Absent	Absent
Copper	Absent	Absent
Lead	Absent	Absent
Manganese	Absent	Absent

The natural fluoride content in the Sutton District Water Supply was reported to be 0.1 part per million or less, in the Thames 0.15 parts per million and to be not more than a trace in the Epsom Wells supply. No serious shortage of water was reported through the year. Every house in the built-up areas in the Borough is supplied direct from mains.

I am grateful to the Borough Water Engineer for the following report on work carried out during the year:

"During 1972 the development of the Nonsuch Industrial Estate borehole continued with the final installation and commissioning being completed in time to augment the water supply for 1973. The operation of this borehole with its associated equipment is by remote control based at the East Street pumping station with the relevant data such as flow or depth being transmitted to the main control room.



General Office, Ashley House



In the care of District Midwifery Sister



District Nursing Sister treats patient at Health Centre

Utilising the modern equipment within the pumping station, a control/alarm system has been developed enabling the supply staff to be informed automatically by telephone of the progress or failure of the pumping schedules whenever the station is operational but unmanned.

The inspection and distribution activities of the Council's water undertaking were further extended during the year with a record total of new and renewed domestic, trade and industrial water service pipes being installed. Nearly two miles of new trunk and distribution mains were laid during 1972, the water undertaking being also responsible for the routine and emergency repairs throughout their trunk and distribution network of over 90 miles of water mains and over 9,000 individual property connections."

Cesspools

There were 39 cesspools in the Borough.

Sewage and Sewage Disposal

The sewage from the Borough is piped to the disposal works administered by the Greater London Council. This arrangement works satisfactorily and prevents any untreated sewage effluent being discharged into local streams.

Swimming Baths and Pools

The Municipal Baths were open from April to October. The total attendances were 106,236. The swimming bath is well maintained and the system of continuous filtration and chlorination renders the water safe as far as communicable disease is concerned. Samples of water from a privately owned open air swimming pool were sent for bacteriological examination, and the owners advised if the amount of chlorine needed to be increased. Satisfactory reports were received from the Public Health Laboratory, Epsom, on samples of water from the school bathing pools.

Housing

I am indebted to the Director of Engineering Services for information about the number of new dwellings erected during the year.

Erected by Local Authority	...	...	...	...	...	119
Erected by private enterprise	...	...	...	...	...	78

Also to the Housing Manager for the following report:

"As I mentioned last year, the numbers of handover of new properties will not necessarily agree with any figures which may be supplied by the Director of Engineering Services and Planning regarding completions of Council dwellings in 1972.

						Properties Controlled	
						At beginning of 1972	At End of 1972
Houses and Flats	...	...	...	...	...	2,370	2,507
Miscellaneous	...	...	...	...	...	39	40
						<hr/> 2,409	<hr/> 2,547
Garages	...	...	...	...	...	670	686

The increase of 137 properties handed over refers to dwellings completed on the Longmead Estate Phase III, the remaining 12 of which will be completed and handed over during 1973 together with the remaining 77 garages.

As far as the housing waiting list is concerned, there were 578 registered applications at the beginning of the year, 390 new registrations were received, and during the year 183 applicants were rehoused and 30 applications were withdrawn. At the end of the year 755 names were recorded on the housing waiting list.

It will be noted that this represents a substantial increase in the housing waiting list, and unfortunately the Council has been unable to commence Phase IV of the Longmead Estate, no building is proceeding at the present time, and it is imperative that the Council's building programme should restart without unnecessary delay if any impact is to be made on the housing waiting list in the next two or three years."

The scope of the Health Inspector's work dealing with housing, the improvement of houses under the Housing Acts and the clearance of properties which are unfit for human habitation is described in the Chief Public Health Inspector's report.

The Medical Officer of Health acts as Medical Adviser to the Council on matters relating to the health of housing applicants and of Council house tenants.

Sanitary Inspection of the Area

The work carried out by the Health Inspectors on the sanitary supervision of the District is detailed in the Report of the Chief Public Health Inspector.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Notifiable Infectious Disease

1972 was again a very satisfactory year as regards notifiable diseases. There were no outbreaks of any infectious disease in either the general community, in schools or in any of the local hospitals or institutions.

Table III shows the number of cases of infectious diseases notified during 1972, and the incidence rates of these diseases, with the figures for the previous year for comparison. Table IV shows the incidence of notifiable infectious diseases classified according to age and sex, with the exception of tuberculosis which is dealt with in Tables V and VI.

Smallpox

There have been no cases of smallpox for many years. Vaccination against smallpox is no longer carried out in Child Health Clinics or in Primary Schools as a routine measure—the Secretary of State having accepted the advice of the Joint Committee on Vaccination and Immunisation that this vaccination need no longer be recommended as a routine procedure.

Diphtheria

Fortunately, it is now 19 years since a case of diphtheria has been notified in the Borough. The occasional report of cases and small outbreaks in schools in other areas does, however, show that the disease is ever present and is only being kept in check by a satisfactory rate of immunisation. The table below shows the number of immunisation procedures for 1972. The figures in brackets are for 1971. It is interesting to note that 15 cases of diphtheria were notified in 1941, all unimmunised at that time.

Immunisation Procedures Carried Out

<i>Inoculations</i>	<i>Carried out by General Practitioners</i>		<i>Carried out at Schools and Clinics</i>	
Primary:				
Triple (Diphtheria, Whooping Cough and Tetanus) ...	282	(292)	487	(454)
Combined (Diphtheria and Tetanus)	4	(3)	8	(6)
Tetanus only	7	(15)	Nil	(3)
Reinforcing:				
Triple (Diphtheria, Whooping Cough and Tetanus) ...	64	(72)	13	(21)
Combined (Diphtheria and Tetanus)	265	(227)	527	(564)
Tetanus only	98	(101)	3	(5)

Poliomyelitis

Once again no case of either paralytic or non-paralytic disease was notified. The number of primary vaccinations carried out was 767 (738 in 1971) and the number of re-inforcing doses was 1,525 (1,480 in 1971).

Typhoid and Paratyphoid

No cases of typhoid or paratyphoid occurred during the year.

Food Poisoning

There were no outbreaks of food poisoning, but there were 9 isolated cases amongst the community and in local hospitals. In only one instance was the infective organism isolated, in this case a staphylococcus.

Dysentery

Ten cases of dysentery occurred in the Borough compared with 2 cases in 1971. No cases were reported from hospitals or other institutions.

Influenza

Vaccination was again offered to all Borough Council Staff and the staffs of the Health Services and Education Departments. 177 persons attended a special session for this purpose, held at the Epsom Health Clinic in November.

Scarlet Fever

Six cases were notified compared with 17 the previous year, but this is now a comparatively mild disease.

Measles

Only 18 cases were notified during the year, compared with 170 in 1971. Vaccination against this disease is offered as a routine measure during the second year of a child's life and 582 children received this vaccination in 1972 (577 in 1971).

Rubella (German Measles)

The Department of Health and Social Security have recommended that vaccination against German Measles should be offered to girls between their eleventh and fourteenth birthdays. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against German Measles by vaccination before reaching child bearing age, because of the known risk of certain serious abnormalities occurring in the baby if German Measles is contracted during pregnancy. 1972 was the third year of the scheme and vaccination was offered to two age groups, i.e. 11 and 12 year olds.* The future pattern of the scheme will be to offer this protection in school to girls of 11 years of age.

* 514 girls were vaccinated in 1972 (464 in 1971).

Whooping Cough

Four cases were notified compared with 14 in the previous year.

Infective Jaundice

Seven cases were reported compared with 4 in 1971.

Tetanus, Leptospirosis and Yellow Fever

No cases of these diseases occurred during the year.

Tuberculosis

Register of Tuberculous Persons

During the year the names of 18 persons were added to the Tuberculosis Register and 27 were removed. Details of these alterations are as follows:

Additions to Register:

Primary notifications relating to private residents already residing in this district ...	6	(12)
Primary notifications of persons residing in Institutions:		
(a) already resident ...	1	(1)
(b) on admission ...	-	(-)
Transfer of private residents notified in other areas, now residing in this district ...	10	(6)
Transfer of persons notified in this district ...	-	(-)
Number of cases (previously removed) restored to Register during the year ...	1	(-)
Posthumous Notifications:		
(a) in private households ...	-	(-)
(b) in Institutions ...	-	(-)
	<u>18</u>	<u>(19)</u>

Removals from Register:

By removal to other districts:		
(a) Private residents ...	5	(5)
(b) Patients in mental institutions ...	1	(-)
By recovery:		
(a) Private residents ...	20	(17)
(b) Patients in mental institutions ...	-	(1)
By death:		
(a) Private residents ...	1	(3)
(b) Patients in mental institutions ...	-	(3)
	<u>27</u>	<u>(29)</u>

The one name removed from the Register because of death was certified as due to Tuberculosis.

At the end of the year the number on the Register totalled 212 distributed as follows:

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
In private residences	56 (69)	28 (28)	3 (2)	16 (14)
In Institutions ...	92 (91)	11 (11)	3 (3)	2 (2)
	<u>148</u> (160)	<u>39</u> (39)	<u>6</u> (5)	<u>18</u> (16)

The figures in brackets are for 1971.

Notification of Tuberculosis

Seven notifications were received from medical practitioners of persons certified, so far as it is known, for the first time, to be suffering from tuberculosis. In Table V these cases are classified by sex and age and sub-divided into pulmonary and non-pulmonary types of disease. In Table VI the number of notifications received in previous years is given for the purpose of comparison.

Extra nourishment

Provision of special nourishment in the form of milk was granted by the Epsom, Leatherhead and Banstead District Care Committee for Tuberculosis and Chest Diseases in 4 selected cases for varying periods during the year.

B.C.G. Vaccination against Tuberculosis

This protection is available at Chest Clinics to close contacts who are Tuberculin negative. Vaccination is also available to school children in their 13th year. Consent forms were sent to parents of this age group, and there was a high acceptance rate. The results are shown below:

Number tested	...	...	...	...	...	...	681	(685)
Number Tuberculin positive	...	...	...	...	...	...	41	(24)
Number of children vaccinated	...	...	...	...	...	...	640	(660)

(These figures include children who missed vaccination in previous years.)

The figures in brackets are for 1971.

TABLE III
NOTIFICATION OF INFECTIOUS DISEASES

					<i>Private Houses</i>	<i>Hospitals</i>	<i>Total</i>	<i>Incidence Rate per 1,000 Population</i>
Typhoid	...	...	...	...	—	—	— (—)	— (—)
Paratyphoid	...	...	...	...	—	—	— (—)	— (—)
Meningococcal Infections	...	...	...	...	3	—	3 (1)	0.04 (0.01)
Scarlet Fever	...	...	...	...	6	—	6 (17)	0.08 (0.24)
Whooping Cough	...	...	...	...	4	—	4 (14)	0.06 (0.19)
Diphtheria	...	...	...	...	—	—	— (—)	— (—)
Smallpox	...	...	...	...	—	—	— (—)	— (—)
Measles	...	...	...	...	18	—	18 (170)	0.25 (2.36)
Poliomyelitis	...	...	...	...	—	—	— (—)	— (—)
Food Poisoning	...	...	...	...	9	—	9 (21)	0.13 (0.29)
Dysentery	...	...	...	...	10	—	10 (2)	0.14 (0.03)
Malaria: Abroad	...	...	...	...	—	—	— (—)	— (—)
Indigenous	...	...	...	...	—	—	— (—)	— (—)
Tuberculosis: Respiratory	...	...	...	...	5	1	6 (9)	0.18 (0.13)
Non-Respiratory	...	...	...	...	1	—	1 (4)	0.01 (0.06)
Tetanus	...	...	...	...	—	—	— (—)	— (—)
Yellow Fever	...	...	...	...	—	—	— (—)	— (—)
Leptospirosis	...	...	...	...	—	—	— (—)	— (—)
Infective Jaundice	...	...	...	...	7	—	7 (4)	0.10 (0.06)

The Figures in brackets are for 1971.

TABLE IV
NOTIFICATION OF INFECTIOUS DISEASES BY AGE AND SEX
 (For Tuberculosis see Table V)

	Under 1 year		1-2		3-4		5-9		10-14		15-24		25-44		45-64		65 years and over		All Ages		Total all ages both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(1)
Scarlet Fever	—	—	—	—	1	1	1	2	1	—	—	—	—	—	—	—	—	—	2	1	3
Whooping Cough	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	3	3	6
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	(17)
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(14)
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Poliomyelitis	2	2	1	3	2	2	5	2	1	—	—	—	—	—	—	—	—	—	—	—	(—)
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(170)
Dysentery	—	—	1	1	—	—	2	—	—	—	2	1	—	2	—	—	—	—	5	4	—
Malaria	—	—	—	1	1	—	1	2	—	1	—	2	1	1	—	—	—	—	3	7	(21)
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(2)
Infective Jaundice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)
Leptospirosis	—	—	—	—	—	1	—	2	1	—	1	—	—	2	—	—	—	—	2	5	(4)
Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(—)

TABLE V
NOTIFICATION OF TUBERCULOSIS BY AGE AND SEX

Year	Private Residents				Mental Hospital Patients				Total	
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary			
	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	1	—	—	—	—	—	—	—	1
1 - 4	—	—	—	—	—	—	—	—	—	—
5 - 9	—	—	—	—	—	—	—	—	—	—
10 - 14	—	—	—	—	—	—	—	—	—	—
15 - 19	—	—	—	—	—	—	—	—	—	—
20 - 24	—	2	—	—	—	—	—	—	—	2
25 - 34	—	—	—	—	—	—	—	—	—	—
35 - 44	—	—	—	—	—	—	—	—	—	—
45 - 54	—	—	—	—	—	—	—	—	—	—
55 - 64	1	—	—	—	—	—	—	—	1	—
65 and over	1	—	—	1	1	—	—	—	2	1
Total	2	3	—	1	1	—	—	—	3	4

TABLE VI
TUBERCULOSIS INCIDENCE AND MORTALITY RATES 1934-1972
(Quinquennial Averages 1934-1968)

Year	Primary Notifications	Notification Rate per 1,000 Population	Deaths	Death Rate per 1,000 Population
1934 - 1938	44	0.78	18	0.35
1939 - 1943	67	1.11	33	0.52
1944 - 1948	75	1.15	26	0.36
1949 - 1953	66	0.96	19	0.28
1954 - 1958	53	0.78	14	0.20
1959 - 1963	34 (16)	0.49	4 (2)	0.05
1964 - 1968	23 (8)	0.32	2 (1)	0.03
1969	10 (5)	0.14	1 (—)	0.01
1970	18 (6)	0.25	—	—
1971	13 (1)	0.18	—	—
1972	7 (1)	0.10	1 (—)	0.01

Figures relating to patients in mental hospitals situated in the district are included in the total. These are also shown separately in the bracketed figures.

Chest Radiography Service

From 4.00 to 4.45 p.m. every Friday, the mobile X-ray Unit is sited outside the "Spread Eagle" in Epsom High Street. In addition the Unit visited the Epsom College. A total of 755 persons attended for chest X-ray examination.

I am very pleased to be able to report that no cases of active pulmonary tuberculosis or lung cancer were discovered.

Public Health Laboratory Service

Bacteriological investigations were carried out by the Public Health Laboratory, West Park Hospital, Epsom, under the direction of Dr. D. R. Gamble, to whom grateful acknowledgement is made. Specimens may be submitted by doctors, veterinarians, dentists, persons acting on behalf of medical officers of health, such as health inspectors and health visitors, or by representatives of official bodies. Specimens cannot be accepted from private persons. The routine specimens examined fall under two main headings:

- (a) medical specimens;
- (b) sanitary specimens from local or food authorities, or by arrangement from commercial undertakings.

SERVICES UNDER THE FOOD AND DRUGS ACT 1955

The wide range of duties of Health Inspectors in this field are detailed in the Report of the Chief Public Health Inspector.

Poultry Inspection

There are no poultry processing premises within the Borough.

PART TWO

**COMMUNITY
HEALTH
SERVICES**

COMMUNITY HEALTH SERVICES

MATERNAL AND CHILD HEALTH

(i) Ante-Natal Clinics

Ante-Natal sessions are held at the Health Clinics in Ewell Court and Epsom, and at the Bourne Hall Health Centre. At Ewell Court and Bourne Hall a weekly session is conducted by a Consultant Obstetrician from Epsom District Hospital assisted by a Medical Officer of the Borough Council. The midwives hold weekly sessions at Epsom Health Clinic and Bourne Hall Health Centre.

Details of attendances at these sessions are given below:—

<i>Health Clinic</i>	<i>Sessions held by</i>	<i>Number of women who attended during the year</i>	<i>Total Number of attendances during the year</i>
Ewell	Obstetrician and Medical Officer	96 (143)	696 (848)
Bourne Hall	Midwives	41 (—)	159 (—)
Bourne Hall	Obstetrician and Medical Officer	165 (38)	588 (121)
Epsom	Midwives	58 (18)	161 (96)

Figures for 1971 are in brackets.

In addition 57 women attended Ewell Health Clinic and 6 women attended Bourne Hall Health Centre for post natal examination.

Expectant mothers attended at the three Centres as under for Mothercraft (Health Visitors) and Relaxation Exercises (Physiotherapist).

<i>Health Clinic</i>	<i>Number of Women who attended</i>	<i>Total Attendances</i>	<i>Sessions per month</i>
Ewell	73	341	4
Bourne Hall	77	394	4
Epsom	55	232	4

(ii) Domiciliary Midwifery Service

The proportion of domiciliary confinements in 1972 was as follows:—

<i>Total Births Live and Still</i>	<i>Domiciliary Confinements</i>	<i>Domiciliary Confinements Percentage of</i>
820 (805)	26 (27)	3.3 (3.4)

Details of the work of the domiciliary midwives in 1972 were as follows:

Confinements

(a) Doctor booked	26 (27)
(b) Doctor not booked	— (—)
(c) Miscarriages	— (—)

Number of visits paid by midwives:

Ante natal visits	896 (838)
Visits during labour/puerperium/post-natal and visits to cases discharged from hospital before end of 10th day	2,124 (1,808)

Figures for 1971 are in brackets.

(iii) Hospital Confinements

Based on a 8-10 day lying-in period, the shortage of maternity beds necessitates a large number of "early discharges" (48 hours after delivery). When the expectant mother first attends the Hospital Ante-Natal Clinic, the obstetrician will base his decision whether or not she is to be booked for hospital confinement:

(a) on her medical history;

(b) on home conditions as reported by the domiciliary midwife.

If she is considered suitable for "early discharge", the Area Nursing Officer ensures that a District Midwife will accept the care of the mother and infant during the remainder of the lying-in period while the Home Help Supervisor makes the necessary arrangements for domestic help.

(iv) Distribution of Notified Births

	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Born at home	25 (26)	— (1)	25 (27)
Born in hospital	787 (771)	8 (6)	795 (777)
Born in nursing homes	— (1)	— (—)	— (1)
Total	812 (798)	8 (7)	820 (805)



Health Visitor advising and carrying out tests at a Well Women clinic



Chiropodist helping older person to remain ambulant



Clinic nurse assisting Health Visitor at a slimming clinic

(v) **Prematurity** (i.e. babies weighing 5½ lb. or less at birth).

Equipment is provided by this department for the care of premature infants born at home and adequate provision is available in hospitals.

(a) *Number of premature infants notified:*

<i>Place of Birth</i>				<i>Live Births</i>		<i>Still Births</i>	
Own home	...	...	...	—	(1)	—	(—)
Maternity homes	...	...	...	—	(—)	—	(—)
Hospitals	...	...	...	39	(41)	3	(4)
Total	...	...	...	39	(42)	3	(4)

(b) *Deaths of premature infants within 28 days:*

In hospitals	...	...	...	4	(5)
At home	...	...	...	—	(—)
Total	...	...	...	4	(5)

(vi) **Congenital Malformations**

Local Health Authorities are required to report to the Registrar General all congenital malformations noted at birth. During the year there were 34 notifications representing 4.1 per cent of total births. The malformations came under the following headings:

Heart and circulatory	...	...	...	...	2	(—)
Limbs	...	...	...	...	10	(15)
Urino-genital system	...	...	...	...	7	(8)
Central Nervous System	...	...	...	...	1	(2)
Musculo-skeletal System	...	...	...	...	9	(4)
Alimentary System	...	...	...	...	—	(1)
Other Systems (Naevus, short neck)	...	...	...	...	2	(4)
Other malformations	...	...	...	...	3	(5)
					34	(39)

Figures for 1971 are in brackets.

All children with congenital malformations are kept under observation and, if necessary, added to our Register of Handicapped Children.

(vii) **Phenylketonuria**

Every baby born in the Epsom District Hospital or in the District received the Guthrie test, a special blood test for Phenylketonuria. This is a disease which, if untreated, leads to grave mental handicap. All the tests were sent to the laboratory at Queen Mary's Hospital for Children, Carshalton, and I am grateful to the late Dr. R. L. Newman, Consultant Pathologist, and his staff for their co-operation. Only a few babies required re-testing for one reason or another, and I am pleased to report that no case of phenylketonuria was discovered.

(viii) **Health Visiting Service**

Our establishment of Health Visitors, 15 in number, consists of the following:

- 4 general Health Visitors based at Ewell Court Health Clinic
- 2 general Health Visitors based at Epsom Health Clinic
- 2 general Health Visitors attached to a group practice of General Practitioners in The Parade, Epsom
- 5 general Health Visitors based at Bourne Hall Health Centre and attached to General Practitioners working at that Centre
- 1 Geriatric Health Visitor based at Ewell Court Health Clinic
- 1 Health Visitor attached to the Chest Department at Epsom District Hospital

In addition to the above establishment there is one geriatric Health Visitor attached to a group of General Practitioners in Epsom.

The average case load per Health Visitor on general duties was 319.

Number of children visited by Health Visitors during the year:

<i>Born in 1972</i>	<i>Born in 1971</i>	<i>Born in 1967-70</i>	<i>Total</i>
837	894	2,984	4,715 (4,326)

Clinic attendances made by Health Visitors:—

(a) Child Health Sessions	...	...	...	...	645 (738)
(b) Health Education (including mothercraft)	...	...	...	...	178 (203)
(c) Sessions for the Over-60's	...	...	...	...	167 (102)

One Health Visitor is responsible for the community care of patients suffering from tuberculosis and other chest conditions. At the end of the year 209 (238) families were under her care.

Figures for 1971 are in brackets.

(ix) Child Health Clinics

The functions of the Child Health Clinic are firstly the advising and the support of Mothers in the care of their young children, which is mainly given by the Health Visitors, and the medical supervision of the physical and mental development of children carried out by the Clinic Medical Officers who are experts in this field.

Health Visitors are also trained to detect deviations from the normal, and can refer any children causing concern to the Clinic Medical Officer or the General Practitioner. Treatment of abnormalities and disease is within the province of the General Practitioner. It is of interest that some general practitioners in the borough are running child health clinics for young children on their practice lists. This has had some effect on numbers attending the Local Authority clinics.

Clinic Sessions and Attendances

These were held in the afternoons at:

	<i>Average Attendance per sessions</i>
Ewell Court:	
Mondays and Wednesdays	56 (63)
Church Hall, Dell Lane, Stoneleigh:	
Tuesdays	17 (37)
Bourne Hall Health Centre:	
Mondays and Fridays	41 (28)
Church Street, Epsom:	
Mondays and Wednesdays	45 (65)
Wells Social Centre, Epsom:	
1st, 3rd and 5th Tuesdays in the month	22 (33)
Church Hall, Rosebery Road, Epsom Downs:	
2nd and 4th Tuesdays in the month	28 (37)

Figures for 1971 are in brackets.

Clinic Attendance

<i>Clinic</i>	<i>Number of children attending clinics born in</i>			
	1972	1971	1967-70	<i>Total</i>
Epsom	234	255	412	901 (993)
Ewell Court	260	295	534	1,089 (1,533)
Bourne Hall	193	182	348	723 (365)
Dell Lane	51	42	103	196 (290)
Wells	17	37	55	109 (143)
Epsom Downs	15	21	59	95 (119)
	770	832	1,511	3,113 (3,647)

Figures for 1971 are in brackets.

(x) Hearing Test and Audiology Service

All babies are given hearing tests by the Health Visitors. These are carried out at the age of 7 months and any case requiring further investigation is referred to the County Audiologist. During the year 22 children were referred to the Audiologist compared with 13 in 1971. It is important that severe deafness in a child should be ascertained before the first birthday. At this early age the specialist teacher is able to get the maximum response from the child's residual hearing and so to teach him to watch for speech and to develop speech and language.

(xi) Welfare Foods

National dried milk, orange juice, cod liver oil and vitamin tablets have for many years been available to expectant and nursing mothers, children under the age of 5 years and handicapped children. As a result of a new Welfare Foods Order, cod liver oil ceased to be a part of the Welfare Foods Service after the 30th April, 1971, although it continued to be available at the clinics whilst stocks lasted. On the 31st December, 1971, concentrated orange

juice was withdrawn as a welfare food. On the withdrawal of orange juice as a source of vitamin C the composition of the vitamin tablets for expectant mothers was altered to include vitamin C. In addition vitamin drops with included Vitamin C are available for children under five years of age.

There is also a large variety of proprietary foods on sale at the clinics at reduced prices. This service is run by voluntary helpers.

DENTAL CARE OF MOTHERS AND PRE-SCHOOL CHILDREN

This priority service was carried out at both the Ewell Court and Epsom Health Clinics when the equivalent of 61 Dental Officer sessions were devoted to these patients during the year. Some 22 mothers and 134 children attended for treatment.

In addition to the children who were brought to the clinics for examination and treatment, inspections were carried out at the Nursery classes of two Ewell schools, at the Epsom Day Nursery and at the Wells House Residential Nursery.

Summary of Treatment

(i) Number provided with dental care

	<i>Examined</i>		<i>Needing Treatment</i>		<i>Treated</i>		<i>Made Dentally Fit</i>	
Expectant and Nursing Mothers	23	(45)	18	(44)	22	(57)	19	(32)
Children under 5 years ...	344	(360)	125	(144)	134	(169)	114	(148)

(ii) Forms of dental treatment provided

	Scaling and Gum Treat- ment		Fillings	Silver Nitrate Treat- ment	Extrac- tions	General Anaes- thetics	Dentures Provided		X-Rays
	Full	Partial							
Expectant and Nursing Mothers	6 (26)	44 (105)	- (-)	14 (16)	2 (3)	2 (3)	- (6)	7 (3)	
Children under 5 years	1 (2)	233 (396)	80 (28)	58 (63)	27 (31)	- (-)	- (-)	1 (1)	

(iii) Attendance for Dental Inspection and Treatment

Expectant and Nursing Mothers	...	...	...	61	(146)
Children under 5 years ...	...	...	...	323	(399)

Figures for 1971 are in brackets.

DAY NURSERIES AND CHILD MINDERS

(i) Epsom Day Nursery, Waltham House

Waltham House is a Training Nursery of 50 places. The staff at the Nursery, excluding domestic staff, consists of Matron, Deputy Matron, Warden, six Nursery Nurses and four Students. This conforms with the standards for the staffing of Day Nurseries laid down by the then Ministry of Health in 1965.

On the 1st October 1972 the administration of the Day Nursery passed to the Social Services Department of the Surrey County Council.

(ii) Nurseries and Child Minders Regulation Act 1948 as amended by the Health Services and Public Health Act 1968.

All persons who wished to register as a Child Minder or to register premises for use as a Play Group were visited by officers authorised by the Local Authority, personal and medical details obtained and a full inspection made of the premises. Advice was given regarding feeding, proper supply and use of play equipment, safety of the children, etc., and a decision made regarding the number of children to be looked after.

The registration of Child Minders and premises under this Act is now the responsibility of the Social Services Department of the Surrey County Council, but the initial inspection and subsequent supervision continued to be carried out by the officers of the Borough Health Services Department.

EPSOM AND EWELL FAMILY PLANNING ASSOCIATION

I am very grateful to the Secretary of the Epsom and Ewell Branch of the Family Planning Association for the following report:

"During the year ended 31st December, 1972, the Family Planning Association clinics in the Epsom and Ewell area have been even busier than usual.

Nearly 700 new patients joined the Association compared with 506 during the previous twelve months. The majority of these new patients came as a result of talking to friends, and the second largest proportion were referred to the Family Planning Association by their general practitioners.

The number of young people attending sessions at the Youth Advisory Clinic held in Bourne Hall has increased rapidly. Most patients are seeking counsel with problems of a personal and medical nature, not solely contraceptive advice.

Many young couples have formed steady partnerships which will eventually lead to marriage, though marriage may have to be postponed for financial or educational reasons. These couples show a very responsible attitude, and wish to avoid unplanned pregnancies."

FAMILY PLANNING

The same arrangements have continued during the year as before, namely the Council providing a family planning service indirectly through the Family Planning Association, whose local branch conducts clinics at:

Epsom District Hospital	—	twice a week
Epsom Health Clinic	—	twice a week
Ewell Court Health Clinic	—	once a week
Bourne Hall Health Centre	—	twice a month

One of the sessions at Epsom Health Clinic is devoted to the insertion of the intrauterine device.

The Regional Hospital Board and the Borough Council provide accommodation and clinic facilities free of charge.

SEXUALLY TRANSMITTED DISEASES (including Venereal Diseases)

Press and posters give information to persons, who think they may be suffering from sexually transmitted disease, about hospital centres where free treatment under conditions of privacy may be obtained. Evening clinics were available for both sexes at St. Helier Hospital, Carshalton and St. Thomas's Hospital, London. Below are given particulars of new cases from this Borough attending St. Helier Hospital:

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other Conditions</i>	
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
2 (3)	— (—)	7 (12)	4 (10)	94 (109)	69 (68)

Figures for 1971 are in brackets.

WELL WOMEN CLINIC

The "Well Women" Clinic sessions continued throughout the year at Epsom Health Clinic, Church Street. I am grateful to Mr. H. A. Milne, Consultant Gynaecologist, who conducts the clinic, and to Dr. M. Levene, Consultant Pathologist at St. Helier Hospital, who carries out the test on cervical smears.

The statistics for 1972 are as follows:—

Number of clinic sessions	...	...	...	...	54 (58)
Number of attendances:					
First appointments	...	...	...	...	429 (537)
Re-examinations	...	...	...	...	380 (353)
					<hr/> 809 (890) <hr/>

Figures for 1971 are in brackets.

The majority of the cervical smear results were either normal or showed only minor changes, but it was necessary to refer two cases back to the Gynaecologist for further investigation and treatment. A substantial number of other abnormalities were discovered during the general examination, including 20 cases of obesity, 20 breast abnormalities, 44 cases of anaemia and 406 gynaecological conditions of varying degree. These figures emphasize the importance of a full gynaecological examination rather than only concentrating on cervical cytology.

SLIMMING CLINICS

The first slimming clinic was started at Epsom Health Clinic in May 1972 on Tuesday afternoons under the supervision of the Health Visitors. There was a large response from middle-aged women, women who had just had babies and some school children. The response was so good that a second clinic was started at Bourne Hall Health Centre in October and is held on Monday evenings.

At the first visit to the clinic the patients are weighed and measured and given a goal weight using the British insurance standards. This is followed by a group discussion on sensible eating habits, using Professor Yudkin's scheme of carbohydrate units. On the second visit urine, blood pressure and haemoglobin tests are carried out. It is at this visit that health visitors obtain relevant information on medical history, social problems and general difficulties. Subsequent visits to the clinics are encouraged to evaluate progress, discuss problems etc.

During the period the clinics were in operation the attendances for 1972 were:—

	<i>No. of patients</i>	<i>Total Attendances</i>
Epsom	175	1,059
Bourne Hall	102	493

HEALTH EDUCATION

Health Education followed a similar pattern to previous years. Relaxation and mothercraft courses, each consisting of six weekly meetings were held regularly by the Physiotherapist and Health Visitors at Epsom and Ewell Health Clinics, and at Bourne Hall Health Centre. One of the sessions included a guest speaker from Ewell Technical College on the subject of diet. Each course was augmented by one evening meeting to which husbands were invited and included the film "Ready for Baby" followed by a discussion.

Parentcraft evenings were held twice a month at Bourne Hall Health Centre under the supervision of the Health Visitors and the Area Nursing Officer. Invitations to attend these sessions were sent to all expectant women and their husbands and there was a very good attendance on every evening. The aim of these meetings is to assist the parents to be with the physical, emotional and financial preparations for parenthood.

The "Well Women" clinics and Slimming Clinics mentioned in previous paragraphs, also include health education. Health Visitors are available to assist with such problems as sleep, diet, exercise, etc., and to advise on the need for chest x-rays, dental checks and vision tests.

Visits to the Health Clinics to observe the various types of work carried out were arranged for senior school children, student nurses and voluntary groups.

Talks on various aspects of health were given by the Medical Officer of Health, Area Nursing Officer, Nursing Officer and Health Visitors to voluntary organisations and in schools.

A wide range of leaflets and posters were displayed at all clinics. The Epsom and Ewell Health Clinics and the Bourne Hall Health Centre are equipped with display boards for health education. Once a month at each centre the Health Visitors arranged a display on a special topic. Other displays were used with the assistance of the Borough Home Safety Officer and the County Health Education Department.

HOME NURSING SERVICE

During the course of the year we were up to our full establishment of the equivalent of 18 full-time district nurses/midwives. In addition we were employing three part-time nursing auxiliaries in order to relieve the qualified staff of unskilled nursing duties.

Below are given particulars of patients nursed during the year:

<i>Age Group</i>	<i>No. of Patients</i>	<i>No. of Visits</i>
Under 5 years	12 (30)	243 (349)
Between 5 and 64 years	444 (814)	14,787 (13,882)
65 years and over	1,098 (1,044)	30,311 (26,121)

The pattern of district nursing, whereby nurses are attached to the different group practices of general practitioners, is now well established and this, together with the creation of working teams of general practitioners, district nurses and health visitors, has resulted in an even more satisfactory service to the patients.

Surgeries manned by district nurses have been set up in two of the main general practices, i.e. Bourne Hall and The Parade, Epsom, where patients are encouraged to attend for dressings, injections, etc. Details of attendances at these surgeries during 1972 are as follows:—

Number of sessions	...	...	...	...	...	...	435
Attendances for:							
Dressings	...	...	...	...	...	...	1,738
Injections	...	...	...	...	...	...	1,750
Diagnostic preparations	...	...	...	...	...	...	827
Ear Syringing	...	...	...	...	...	...	724
Minor Operations	...	...	...	...	...	...	266

Another change in the Home Nursing Service in 1972 was the appointment of a second male nurse. Mr. C. A. Pretty has been our only male nurse for many years, and we were pleased to supplement his services by the appointment of Mr. J. O. Morrison.

SERVICES FOR THE OVER-60's

(a) Advisory Clinics for the Over-60's

Clinics for older persons have been held for some years at the Epsom and Ewell Court Health Clinics and the Bourne Hall Health Centre. The object of the clinics is to try and prevent or defer the various medical and social problems occurring in this age group. The sessions are under the general direction of Health Visitors supported by helpers from voluntary organisations, and each person can discuss his or her general, medical and social problems as well as having tests for vision, hearing, blood pressure, anaemia, etc., apart from routine weighing. Advice is given regarding diet, etc., and vitamin supplements are available at cost price.

A Physiotherapist attends regularly and gives group instruction and exercises in order to promote better breathing, mobility and posture. This is, however, only given with the family doctor's consent. Chiropody is provided where found to be necessary. A service provided in conjunction with the Epsom District Hospital is the availability of hearing aid batteries, free of charge, at each of the three Centres.

Talks have been given by speakers on such topics as hypothermia, crime prevention, dangers in the home, accident prevention, eating on a pension, etc.

It must be repeated that these sessions are not held in any sense in competition with the services provided by the family doctors, but rather to help older people to remain well and active both in mind and body for as long as possible.

The total attendance figure at these Centres in 1972 was 832 compared with 1,186 in 1971.

(b) Chiropody

Chiropody was available throughout the year to persons sixty years of age and over, physically handicapped (including the blind and partially sighted) and expectant mothers.

1. By approved Chiropodists who practise in their own surgeries.
2. By Chiropodists employed by the Council, one full time and four part-time, who do a total of 12 sessions per week.

In every case the maximum charge is 25p per treatment. The Council make no charge for this service to any person who is in receipt of supplementary pension from the Department of Health and Social Security or whose means are so limited that to pay such a charge would be likely to render him eligible to receive a supplementary pension. Domiciliary treatment is provided for any person who is physically unable to make the journey. This service, much appreciated and still expanding, helps to keep the older person ambulant.

Details of treatment given are shown below:—

1. In the surgeries of the Chiropodists approved by the Council:

Number treated during 1972	...	...	...	...	1,000	(971)
Number of treatments given in surgeries	...	...	...	...	5,704	(5,323)
Number of treatments given in the homes of patients	...	...	...	...	262	(339)
2. Council Chiropodists:

Number treated during 1972	...	...	...	...	1,299	(1,180)
Number of treatments given at Health Clinics and Old People's Homes	...	...	...	...	3,408	(3,084)
Number of domiciliary treatments	...	...	...	...	2,279	(2,287)

(c) Incontinent Service

(i) Pads

Incontinence pads and protective under garments are supplied to patients, including handicapped children, free of charge, on the recommendation of a Medical Practitioner, or a member of the Borough Nursing staff. During the year 112 incontinent patients came under the care of the District Nurses. This compares with 79 patients in 1971. This increase demonstrates the real necessity and usefulness of this service.

Where no facilities exist in the home for burning the soiled pads, they are placed in specially made waterproof paper bags supplied by the Health Services Department.

(ii) Laundry Service

I must again express my gratitude to the Epsom and West Park Group Hospital Management Committee and in particular to the staff of West Park Hospital for allowing us the use of their laundry facilities and sheets for this important and much appreciated service. An average of 30 persons received this service each week. This compares with an average of 15 persons each week in 1971.

(d) National Assistance (Amendment) Act 1951

Under Section 47 of the 1948 Act power is given to the Councils of County Boroughs and County Districts to apply to a Court of Summary Jurisdiction for an Order for removal and detention in a suitable hospital or other place:

of persons who are suffering from grave chronic diseases, or being aged, infirm or physically incapacitated are living in insanitary conditions, and of persons who are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

I am pleased to state that it was not necessary to deal with any cases under the Act during 1972.

(e) Epsom and Ewell Association for the Elderly

There was a substantial increase in the numbers of meals provided by the Meals on Wheels Service during the year. Whereas in 1971 29,477 were provided, in 1972 42,502 meals were served, which included 5,007 meals to the Anderson Club and another Luncheon Club.

Over 200 new cases were referred to the Association for a home visit by the Visiting Organiser.

The Borough Council have agreed to the use of the ground floor of the Cedars by the Association as a Day Centre, which it is hoped will be opening in the early Autumn of 1973.

I wish to express my sincere thanks to the Association for the magnificent work carried out by that organisation during 1972.

EPSOM AND EWELL CITIZEN'S ADVISORY BUREAU AND LOCAL INFORMATION CENTRE

The Honorary Organiser made the following observations in her Annual Report for the year 1972:—

"In a previous report some years back I commented on the need for 'flexibility' in our Bureau and this applies even more so now for legislation changes daily and the pace of life seems to be ever increasing. We also find we have to deal with more Immigrants from the Commonwealth and Nationals of foreign countries with difficult problems and not much knowledge of English language or indeed their obligations under British Law. We find that they are ever grateful that we have a second room in which to interview them, also the patients from the mental hospitals and those bereaved folk who need to be quietly helped. Among some of the Nationals this year have been, Spanish, Italian, German, French, Liberian, Australian, American, Belgian, West Indian, Malayan, Guyanan, Polish, Greek, Chinese, New Zealanders and Irish with family and work problems, landlord and tenant queries, naturalisation, etc.

Local Information

This subject as in previous years has commanded the highest number of enquiries about Improvement Grants, cheap fares for O.A.P's, Educational classes of all kinds, Local Authority mortgage facilities, rate rebates, youth clubs, plumbers, sweeps, and traders of all kinds. Technical College, Further Education Courses, private and nursery schools, halls for hire, sports clubs, yoga classes, foster mothers, Townswomen's Guild, clinics of all kinds including family planning, local newspapers, Homes for the Elderly, guest houses, hotels, churches of every denomination and their activities etc. to name a few. May I repeat we like to be up-to-date and do appreciate it when Organisations let us have the name and address of their Secretary (and notice of any events for which we frequently get telephone enquiries).

Family Personal Problems

These are matters of a confidential nature and include queries regarding divorce, separation, maintenance, legal advice, legal aid, quarrels with neighbours, wills, Letters of Administration, many accident cases, child minding, child care, illegitimacy, Affiliation and Birth and Death Registration and Probate, noise abatement, Meals on Wheels and tracing of missing persons.

Housing Property and Land

Under this heading has come enquiries regarding house improvement and rents, landlords and the Law, Rent appeals, Phasing of the rent increases, Leasehold Reform, conveyancing charges, loans, accommodation required and offered, Town and Country Planning, Rent Tribunal and so on.

Social Security

Enquiries relating to Retirement Pensions, Family Income Supplement, and Family Allowance, National Health contributions, Death Grants and appeals to tribunals, prescription charges, dental and optical treatment, school meals etc.

Consumer Trade and Manufacture

Advice has been given on matters relating to unsatisfactory goods, estimates and contracts, business regulations, Licences, registration, hire purchase, and credit sales and queries under the Trade Description Act.

Health and Medical

There have been enquiries regarding Health Services, hospitals, clinics, Care and after care Services of our Local Authority and the Voluntary Organisations, Public Health, private doctors, chiropractors, mental health, and registration of private Homes and play groups etc. And unfortunately a big increase in requests for the nearest V.D. Clinics.

Employment

Questions on employment are still very general, and have included Conditions of Work (many on Contracts of Employment and holiday pay). Employment Agencies and accidents at work. Regrettably, redundancy which can be quite tragic for some middle-aged men.

Taxes and Duties

Income tax on earnings, P.A.Y.E., Death and Estate Duty, Capital Gains Tax and the coming of V.A.T. have all been subject to enquiry.

Communications and Travel

Here apart from all the queries on holiday travel and insurance have been emigration, immigration, passports, visas, Consulates, Exit and Entry permits, Currency Regulations and postal information.

My thanks must go to my 17 helpers who have maintained their zeal and interest in spite of so much legislation to absorb and record—*may they long continue*. We welcomed two new members this year and have the services, when necessary, of a retired Inspector of Taxes who has made a study of V.A.T. whom we can consult at any time. This year, even more than last, I have been asked to give talks on the work of our Bureau and have invariably been received with appreciation and interest from the many organisations. Undoubtedly we could not function as efficiently as we do were it not for the wonderful co-operation and help we receive from our Honorary Legal Advisers Messrs. Bowles & Partners, all our Local Authority Officers, The Probation Service, Court Officials, Law Society, Ministry of Social Security and Employment, the Medical Officer of Health, Hospital Almoners and all the voluntary organisations.

This year has been a very sad one for me with the loss of my beloved husband and I feel after much thought it is time I moved away and I am hoping to be near my family early in January. I shall look back on a very busy, interesting and happy life in this Borough—to my 32 years as C.A.B. Organiser—to the hectic period during the last war when we opened up Bureaux on bomb sites at all hours as soon as incidents occurred and to the time when the then Town Clerk (Mr. Whiteoak Cooper) asked me to take over the Private Evacuation Scheme for Ewell and Stoneleigh which meant a 7 day week for 6 weeks with streams of mothers and children (1,245 the first week I recall) to be issued with billeting certificates and travel vouchers and ration books. Then the fathers in the evenings who came to get their travel vouchers to visit their families and we listened and laughed at their attempts at house keeping and cooking! To be told, 'We think you are wonderful people—thank you so much for your help'. (The latter they still remark) and will continue to do I feel sure, for all the staff I have chosen because they have a natural sense of sympathy and understanding and commonsense—how much we need the commonsense approach these days!"

On behalf of all members of my staff I wish to express our deepest appreciation of the magnificent work of Mrs. M. A. Lewis, the late Honorary Organiser, and her staff over a span of thirty-two years and in particular to extend to her our best wishes for her future happiness in new surroundings.

MEDICAL ARRANGEMENTS FOR LONG STAY IMMIGRANTS

The medical examination and surveillance of long-stay immigrants was continued in accordance with the advice of the Department of Health and Social Security. During the year we confirmed that 77 (52) immigrants had taken up residential posts in our local hospitals where they had the usual health checks. Health Visitors called on 20 (5) other immigrants, advised them on how to make best use of our Health Services and gave each an appointment to attend at the Epsom Chest Clinic for chest X-ray.

Figures for 1971 are in brackets.



Primary nursing team meets to discuss community care



Friendly guidance by Speech Therapist

AMBULANCE FACILITIES

The ambulance service is under the control of the Surrey County Council and the main ambulance control station is situated at Walton Lodge, Banstead (Telephone: Burgh Heath 53491). There is a sub-station in Church Street, Epsom.

Where there is doubt about the maternity patient's fitness for the journey, the decision must be made by the doctor in charge or by a certified midwife who should accompany the patient in the ambulance to hospital. The removal of cases of illness or accident will be arranged by the hospital concerned, or by the medical practitioner in charge of the patient.

In the event of accidents in the home or elsewhere or in case of sudden illness in streets or public places any responsible person may call an ambulance by telephoning 999.

MORTUARY

Mortuary facilities are provided by the Epsom District Hospital and a contribution is made by the Borough Council to the running costs. Two hundred and forty bodies were admitted from the Borough to the mortuary during 1972 at a charge of £2.10 per body.

STAFF MEDICAL EXAMINATIONS

During the year the Medical Officer of Health continued to carry out all superannuation and other medical examinations of the Borough Council staff. One hundred and twelve examinations were performed.

Location and Time-Table of Clinics

ANTE-NATAL CLINICS

Epsom District Hospital	...	...	...	Mon., Thurs.	...	1.30 p.m.
Church Street, Epsom	...	...	...	Tues. (Midwives)	...	2.00 p.m.
Ewell Court, Ewell	...	...	...	Mon.	...	9.30 a.m.-12 noon
Bourne Hall, Ewell	...	...	...	Mon.	...	10.30 a.m.-12 noon

CHILD HEALTH CLINICS

Church Street, Epsom	...	...	...	Mon., Weds.	...	2.00 p.m.-4.00 p.m.
Ewell Court, Ewell	...	...	...	Mon., Weds.	...	1.30 p.m.-4.00 p.m.
Bourne Hall, Ewell	...	...	...	Mon., Fri.	...	2.00 p.m.-4.00 p.m.
Dell Lane, Stoneleigh	...	...	...	Tues.	...	2.00 p.m.-4.00 p.m.
Church Hall, Rosebery Road, Epsom Downs	...	...	...	2nd and 4th Tues. in month	...	2.00 p.m.-4.00 p.m.
Community Centre, Wells Estate, Epsom	...	...	...	1st, 3rd and 5th Tues. in month	...	2.00 p.m.-4.00 p.m.

DENTAL CLINICS

Church Street, Epsom	...	...	...	By appointment
Ewell Court, Ewell	...	...	...	By appointment

EYE CLINICS

Church Street, Epsom	...	...	...	By appointment
Ewell Court, Ewell	...	...	...	By appointment

ADVISORY CLINICS FOR THE OVER-60's

Church Street, Epsom	...	...	...	Tues.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Weds.	...	9.30 a.m.-10.45 a.m.
Bourne Hall, Ewell	...	...	...	Weds.	...	11.00 a.m.-12 noon

IMMUNISATION AND VACCINATION CLINICS

Church Street, Epsom	...	...	...	Fri.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Fri.	...	9.30 a.m.-12 noon

FAMILY PLANNING ASSOCIATION

Epsom District Hospital	...	...	...	Tues., Fri.	...	7.00 p.m.-8.30 p.m.
Church Street, Epsom	...	...	...	Thurs.	...	9.30 a.m.-12 noon
Ewell Court, Ewell	...	...	...	Tues.	...	9.30 a.m.-12 noon
Bourne Hall, Ewell	...	...	...	1st and 3rd Thurs. 1st, 3rd and 5th Mon.	...	9.30 a.m.-12 noon
				(Youth Advisory Clinic)	...	7.00 p.m.-9.00 p.m.

CHEST CLINIC

Epsom District Hospital	...	...	...	Mon.	...	9.30 a.m.
				Weds.	...	2.00 p.m.
				Thurs.	...	9.30 a.m.
				1st Thurs. in month (B.C.G.)	...	2.00 p.m.

WELL WOMEN CLINIC

Church Street, Epsom	By appointment
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SLIMMING CLINICS

Church Street, Epsom	By appointment
Bourne Hall, Ewell	By appointment

*SEXUALLY TRANSMITTED DISEASES CLINICS (including Venereal Disease)

St. Helier Hospital	...	...	...	Males :	Mon.	...	9.30 a.m.-1.30 p.m.
					Wed.	...	4.00 p.m.-6.00 p.m.
					Thurs.	...	4.00 p.m.-6.00 p.m.
				Females :	Tues.	...	4.30 p.m.-6.30 p.m.
					Wed.	...	2.00 p.m.-4.00 p.m.
					Fri.	...	2.00 p.m.-6.00 p.m.

* (and at the out-patients departments of many London Hospitals)

PART THREE

**ENVIRONMENTAL
HEALTH
SERVICES**

To the Mayor, Aldermen and Councillors of the Borough of Epsom and Ewell

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report on the work of the Public Health Inspectors for the year ended 31st December, 1972, in accordance with the Public Health Officers Regulations, 1959.

The inspections and visits totalled 9,321, being a reduction of 2,153 on the figure for 1971. The reason for this variation is mainly accounted for by a reduction of staff for three months due to the resignation of one inspector and the appointment of his successor and the slowing down of work in relation to the issue of qualification certificates under the Housing Act, 1969, but the total should be compared with that of the previous five years where the figure has stabilised at about 9,500.

The only major item of new legislation introduced during the year was the Housing Finance Act, 1972, which makes for further progress in the decontrol of houses and progression to fair rents. In the slum clearance sector, the estimated outstanding number of properties which may require action was reduced to 74, being 0.32% of the total number of dwellings. In relation to compulsory improvement, the figures for the six Areas show that at 103 houses all the work has been completed, the major part of which was grant aided.

On air pollution, I draw attention to the comment I have quoted from a report of the Warren Spring Laboratory, which underlines the satisfactory position in relation to smoke control.

The report on gipsy caravans at Cox Lane again records the unhappy consequences of such occupation and reflects the general inability of the country to deal with this small section of the population.

I would like to record my appreciation to the Members of the Council for their continued support and particularly to Alderman W. J. Clark, P.P.I.A.A.S., F.R.S.A., F.R.S.H., Chairman of the Public Health Committee, for the help and guidance proffered by Dr. T. A. Plumley, Medical Officer of Health, to the Officers of other Departments for their co-operation and to the staff of the Department for their continuing loyal support.

I am, Ladies and Gentlemen, Your obedient servant,

L. H. GRACE,
Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

Summary of Inspections and Visits

Dwelling Houses:

Under P.H. Act and Housing Acts	...	...	...	...	...	...	...	...	...	368
Reinspections	...	...	...	...	...	...	...	...	...	1,197
Multiple Occupation	...	...	...	...	...	...	...	...	...	79

Other Premises:

Under P.H. Acts 1936 and 1961	...	...	...	...	...	...	...	...	...	101
Reinspections	...	...	...	...	...	...	...	...	...	207
Caravans	...	...	...	...	...	...	...	...	...	183
Complaints investigated (excluding rats and mice)	...	...	...	...	...	...	...	...	...	212

Drainage:

Inspections	...	...	...	...	...	...	...	...	...	1,572
Air, Smoke, Water and Other Tests	...	...	...	...	...	...	...	...	...	428
Cesspools Inspected	...	...	...	...	...	...	...	...	...	110
Animal Boarding Establishments Act, 1963	...	...	...	...	...	...	...	...	...	10
Betting, Gaming and Lotteries Act 1963/4	...	...	...	...	...	...	...	...	...	9

Clean Air Acts 1956/68:

Survey Visits	...	...	...	...	...	...	...	...	...	113
Smoke Observations or Air Pollution	...	...	...	...	...	...	...	...	...	194
Epsom Downs	...	...	...	...	...	...	...	...	...	68

Factories:

With Power	...	...	...	...	...	...	...	...	...	69
Outworkers	...	...	...	...	...	...	...	...	...	17

Food:

Inspection of Premises	...	...	...	...	...	...	...	...	...	983
Visits re Unsound Food	...	...	...	...	...	...	...	...	...	251
Hairdressing Establishments	...	...	...	...	...	...	...	...	...	30
Heating Appliances and Fireguards	...	...	...	...	...	...	...	...	...	5
Infectious Diseases—Enquiries and Visits	...	...	...	...	...	...	...	...	...	197
Insect Pests	...	...	...	...	...	...	...	...	...	108
Keeping of Animals or Poultry	...	...	...	...	...	...	...	...	...	95
Noise Abatement Act 1960	...	...	...	...	...	...	...	...	...	95

Offices, Shops and Railway Premises Act 1963:

Offices	...	...	...	...	...	...	...	...	...	197
Shops	...	...	...	...	...	...	...	...	...	631
Pet Animals Act 1951	...	...	...	...	...	...	...	...	...	13
Pigeons, Destruction of	...	...	...	...	...	...	...	...	...	34
Public Conveniences	...	...	...	...	...	...	...	...	...	28
Refuse Collection, Dustbins, etc.	...	...	...	...	...	...	...	...	...	212
Riding Establishments Act 1964	...	...	...	...	...	...	...	...	...	32
Rivers and Streams	...	...	...	...	...	...	...	...	...	36
Rodent Infestation	...	...	...	...	...	...	...	...	...	195
Schools—Sanitary Accommodation, Disinfestation, etc.	...	...	...	...	...	...	...	...	...	15
Scrap Metal Dealers	...	...	...	...	...	...	...	...	...	1
Shops Act 1950—Hours, etc.	...	...	...	...	...	...	...	...	...	618
Squirrels	...	...	...	...	...	...	...	...	...	19
Stables and Piggeries	...	...	...	...	...	...	...	...	...	31
Swimming Pools	...	...	...	...	...	...	...	...	...	72
Theatres, Cinemas, Halls, etc.	...	...	...	...	...	...	...	...	...	2
Vacant Land, Dumps, etc.	...	...	...	...	...	...	...	...	...	77
Visits—Chalk Pit, etc.	...	...	...	...	...	...	...	...	...	61
Visits—Miscellaneous	...	...	...	...	...	...	...	...	...	346

9,321

COMPLAINTS

The following is a summary of complaints received during the year

Choked or defective drains	29
Dirty Milk Bottles	4
Dogs Fouling Footpaths, etc.	5
Flooding, etc.	2
Foxes	5
Insanitary Conditions of Premises	83
Insect Pests	40
Land	5
Noise	26
Pigeons	6
Refuse Disposal	32
Smoke	53
Squirrels	8
Unsound Food	47
Miscellaneous	43
	<hr/>
	388
Complaints received in respect of Rats and Mice Infestations	626
	<hr/>
	1,014
	<hr/>

NOTICES

Number of Notices served under the following Acts

Public Health Act 1936 (Section 93) Statutory	3
Public Health Act 1936 (Informal)	38
Factories Act 1961 (Informal)	1
Food and Drugs Act 1955 (Informal)	38
Offices, Shops and Railway Premises Act 1963 (Informal)	14
Shops Act 1950 (Informal)	1
Prevention of Damage by Pests Act 1949 (Informal)	7
Housing Act 1957 (Informal)	13
	<hr/>
	115
	<hr/>

FACTORIES ACT 1961

Prescribed Particulars on the Administration of the Factories Act 1961

- (1) Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Inspections</i> (3)	<i>Number of Written notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	141	69	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises	—	—	—	—
Total	141	69	1	—

(2) Cases in which defects were found

		Number of cases in which defects were found					Number of cases in which prosecutions were instituted
Particulars		Found	Remedied	Referred			
(1)		(2)	(3)	To H.M. Inspector	By H.M. Inspector	(6)	
Want of cleanliness	(S.1)	—	—	—	—	—	—
Overcrowding	(S.2)	—	—	—	—	—	—
Unreasonable temperature	(S.3)	—	—	—	—	—	—
Inadequate ventilation	(S.4)	—	—	—	—	—	—
Ineffective drainage of floors	(S.6)	—	—	—	—	—	—
Sanitary Conveniences	(S.7)	—	—	—	—	—	—
(a) Insufficient		—	—	—	—	—	—
(b) Unsuitable or defective		1	1	—	—	—	—
(c) Not separate for sexes		—	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)		—	—	—	—	—	—
Total	...	1	1	—	—	—	—

(3) Outwork (Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel (making etc. cleaning and washing) ...	18	—	—	—	—	—
Household linen ...	1	—	—	—	—	—
Umbrellas, etc. ...	1	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ...	1	—	—	—	—	—
Packing ...	2	—	—	—	—	—
Cosques, Christmas stockings etc. ...	1	—	—	—	—	—
Lampshades ...	5	—	—	—	—	—
Total	29	—	—	—	—	—

HOUSING

I. Inspection of dwelling-houses during the year

1. (a)	Total number of dwelling houses inspected under the Public Health or Housing Acts ...	368
(b)	Number of inspections or re-inspections ...	1,197
2.	Number of dwelling houses found not to be in all respects reasonably fit for human habitation ...	51

II. Number of defective dwelling-houses rendered fit

(a)	After Informal Notice ...	30
(b)	After service of Formal Notice ...	3
(c)	Number of Notices outstanding at end of year ...	18

III. Proceedings under the Housing Act, 1957

Individual Unfit Houses:

Number of dwelling-houses found unfit for human habitation and represented under Section 16(1)	1
Closing Orders made	4
Revocation of Demolition Order with substitution of Closing Order (included above)	1

Clearance Areas:

No. 1 Clearance Area 1967

This area comprising seven terraced houses at West Street, Ewell, was purchased by the Council for redevelopment for Old People's Dwellings. A start on this work is anticipated in 1973.

No. 1 Clearance Area 1972

This area, comprising Nos. 0-20 Garden Cottages and 33, 35 and 37 East Street, Epsom, was Declared and Confirmed during the year.

The Housing Committee have agreed to rehouse all tenants affected by the implementation of the Demolition Order.

Slum Clearance

With the making of a Demolition Order in respect of Garden Cottages and those houses adjacent in East Street, Epsom, the estimated number of properties where housing action may be required is now reduced to 74; of this figure many will no doubt be improved at the appropriate time, as much of this residue comprises small cottage property occupied by the elderly at controlled rents, where the tenants do not wish for compulsory powers to be exercised during their lifetime.

For an assessment of the state of housing in the Borough, there were 23,235 dwellings occupied at the 1st April, 1972. In terms of comparison with the country generally, the estimated figure of 74 houses represents 0.32% of the total.

Improvement of Houses

No. 1 Improvement Area declared 1965

Chessington Road and Oakdale Road, West Ewell.

Area comprised 54 houses of which 11 were tenanted and capable of improvement. Progress:— Improved: 10 houses. Five year review: 1 house (Suspended Notice withdrawn).

No. 2 Improvement Area declared 1966

Hurst Road, Horton Footpath, Lower Court Road and Upper Court Road, Epsom.

Area comprised 210 houses of which 48 were tenanted and capable of improvement. Progress:— Improved: 30 houses. Work in hand: 2 houses. Sold: 7 houses. Five year review: 9 houses (Suspended Notices withdrawn).

No. 3 Improvement Area declared 1967

Hook Road and Milcs Road, Epsom.

Area comprised 298 houses of which 64 were tenanted and capable of improvement. Progress:— Improved: 27 houses. Purchased by Council and improved: 5 houses. Sold to tenant: 1 house. Notice withdrawn: 1 house. Five year review: The remaining 30 houses, being subject to Suspended Notices, were in process of re-inspection at end of the year.

No. 4 Improvement Area declared 1968

Horton Hill, Epsom.

Area comprised 118 houses of which 81 were tenanted and capable of improvement. Progress:— Improved: 14 houses (12 by default action of the Council). Of the remaining 51 properties subject to Immediate Notice a further 19 were inspected at the end of the year with the view to repair and improvement if necessary by default action. Five year review: June 1973—28 houses.

No. 5 Improvement Area declared 1969

Horton Hill (Part of), Epsom.

Area comprised 44 houses of which 11 were tenanted and capable of improvement. Progress:— Improved: 10 houses. Five year review: April 1974—1 house.

No. 6 Improvement Area declared 1969

Elm Road and Kingston Road (Part of), Ewell.

Area comprised 79 houses of which 16 were tenanted and capable of improvement.
Progress:— Improved: 12 houses. Sold to owner/occupiers: 2 houses. Five year review: April 1974—2 houses.

Tenanted Premises not in Compulsory Improvement Areas:

Since the inception of the Housing Act, 1964, 25 applications have been received from tenants of rented properties seeking the Council to exercise its powers under Section 19 to enforce improvement by the installation of Standard Amenities; to date the position is:—

17—have been improved by the installation of Standard Amenities.

1—has been subject to a Closing Order under the Housing Act, 1957.

2—applications have been withdrawn.

5—dwellings are the subject of negotiation with the view to improvement.

During the year 38 Standard Grants and 60 Discretionary Grants were approved by the Council, these numbers include applications in respect of properties being compulsorily improved.

Qualification Certificates

Since the implementation of the Housing Act, 1969, superseded by the Housing Finance Act, 1972, 501 applications for Certificates in respect of 484 properties have been received as follows:—

Provisional Certificates	...	...	...	...	...	...	...	87
Full Certificates	...	...	...	...	...	...	...	397

The coming into operation of the Housing Finance Act, 1972, on the 25th August, made a radical change of procedure as it relates to rent control. The present programme of automatic conversion to Regulated Tenancy provides for all properties to become decontrolled by the end of 1975.

During 1972 Certificates were applied for and issued as follows:—

Applications:

Provisional Certificates	...	...	...	...	...	...	...	15
Full Certificates	...	...	...	...	...	...	...	38

Issued (including those outstanding from 1971)

Provisional Certificates	12
Full Certificates	83

Refusals	2
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At the end of 1972, 13 applications were subject to negotiations pending additional repairs.

Houses in Multiple Occupation

The number of premises at the end of the year known to be in multiple occupation was 24, being a decrease of 2 on the previous year, and in the control thereof 79 inspections were made. The Council has adopted standards in respect of the occupation of these premises and there has been no difficulty in their enforcement.

Drainage

A special survey of cesspool drainage was carried out during the year. The Council noted that since 1954, 77 cesspools had been abolished, leaving 39 premises still drained to cesspools.

The Council decided not to take special action at the present time but reaffirmed their policy directed to the complete abolition of this means of drainage.

Caravans at Cox Lane and Hogsmill Open Space, West Ewell

The occupation of this land by gipsies and other itinerant traders continued during the year, creating a serious environmental health problem.

In the absence of enforcement action to remove the caravans, steps were taken to restrict the amount of land so occupied and arrangements made for the collection and removal of rubbish, the installation of a piped water supply and the provision of an elementary service for the storage and collection of night soil.

The presence of caravans in this area is an affront to the amenities of the neighbourhood, and can only be resolved by the establishment of permanent sites by the County Council.

FOOD AND DRUGS ACT 1955

Inspections and Supervision of Food

The inspection of food is a major duty imposed on Local Authorities and in this section of the Report will be seen the record of how this is achieved, in the main as to inspection of food for human consumption, inspection of retail and wholesale premises, sampling of food, both chemical and bacteriological and when necessary the taking of legal proceedings.

The Food Hygiene (General) Regulations 1970 demand that food is handled under hygienic conditions, that premises, fittings and equipment are clean and suitable and are kept that way, that food handlers keep clean and follow good hygienic practices and that suitable and adequate facilities for keeping clean are provided.

The Regulations apply throughout the food and catering trades embracing both retail and wholesale businesses and include clubs, schools, residential establishments, staff canteens, shops and farms.

Street trading and stalls on Epsom Downs are controlled by the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966.

The number of food premises in the Borough grouped in categories of trade are listed below:—

Bakehouses and Bakers' Shops	...	...	...	...	...	...	...	...	16
Butchers	...	...	...	...	...	...	...	...	31
Cafes	...	...	...	...	...	...	...	...	49
Clubs	...	...	...	...	...	...	...	...	15
Confectioners	...	...	...	...	...	...	...	...	57
Dairies and Milk Depots	...	...	...	...	...	...	...	...	3
Fishmongers and Fried Fish Shops	...	...	...	...	...	...	...	...	16
Greengrocers (Wholesale and Retail)	...	...	...	...	...	...	...	...	34
Grocers (Wholesale and Retail)	...	...	...	...	...	...	...	...	62
Kitchens:									
Factory	...	...	...	...	...	...	...	...	12
Hotel	...	...	...	...	...	...	...	...	11
Hospital and Nursing Home	...	...	...	...	...	...	...	...	6
School—Public	...	...	...	...	...	...	...	...	18
School—Private	...	...	...	...	...	...	...	...	7
Multiple Food Stores (Supermarkets)	...	...	...	...	...	...	...	...	12
Public Houses and Off-Licences	...	...	...	...	...	...	...	...	55
Total	...	...	...	...	...	...	...	...	415

Of the preceding premises, 198 are registered under Section 16 of the Food and Drugs Act 1955 as follows:—

Manufacture of ice cream	...	...	...	...	...	...	...	1
Retail sale of ice cream	...	...	...	...	...	...	...	132
Preparation or manufacture for sale of sausages or potted, pressed pickled or preserved food	...	...	...	...	...	...	...	65

The inspection of Food Premises is a constant duty imposed by the Regulations. The number of inspections made during the year is shown in the following table:—

<i>Type of Premises and Vehicles</i>	<i>No. of Inspections and Visits</i>
Bakehouses	14
Bakers and Confectioners	37
Butchers	49
Cafes, Canteens and Kitchens	270
Dairies and Milk Shops	11
Fishmongers and Poulterers	32
Fried Fish Shops	13
Greengrocers and Fruiters	74
Grocery and Provision Stores	119
Ice Cream Manufacturers	30
Ice Cream Vehicles	10
Licensed Premises	69
Market Stalls and Food Vehicles (including Epsom Downs)	139
Sweets and Sugar Confectionery	14
Visits, miscellaneous (not included above)	72
Multiple Food Stores	30
	<hr/> 983

Informal Action

Arising from 983 inspections and visits to food premises action to secure compliance with the Regulations was obtained through verbal or written Informal Notices with 93 items receiving attention.

MILK

Milk Production

There is one milk producer in the Borough. The supply is collected and pasteurised outside the Borough by the trade.

Milk Supply

All milk sold is retailed by a few large Dairy Companies, being mainly produced in distant areas and transported to large processing plants within the London Region. The sale of untreated milk is now of negligible amount.

Control in respect of the distribution and types of milk sold in the Borough is obtained under the following Regulations:

(a) Distribution

Milk and Dairies (General) Regulations 1959:

Milk Distributors registered in this area	3
---	-----	-----	-----	-----	---

(b) Licensing

Milk (Special Designation) Regulations 1963 and the Milk (Special Designation) (Amendment) Regulations 1965.

Dealers (Pre-packed) Milk Licences valid for a maximum period of five years expiring on 31st December, 1975, were in force in respect of the following milks:—

Untreated	...	...	...	...	...	...	...	...	4
Pasteurised	...	...	...	...	...	...	...	...	24
Sterilised	...	...	...	...	...	...	...	...	15
Ultra Heat Treated	...	...	...	...	...	...	...	...	25

Bacteriological Sampling

During the year 128 samples of milk were taken from milk distributors, including supplies to local hospitals and schools, and submitted for bacteriological examination.

The following summary gives details of the grade of milk samples and results of the examinations:

Grade	No of Samples
Untreated	7
Pasteurised	95
Sterilised	7
Ultra Heat Treated	19

Results of Tests

	Methylene Blue	Phosphatase	Turbidity	Colony Count
Untreated	7	—	—	—
Pasteurised	95	95	—	—
Sterilised	7	—	7	—
Ultra Heat Treated	—	—	—	19

All the tests were satisfactory for the purposes applied.

ICE CREAM

Registration

There are 132 premises registered for the sale and storage of ice cream and of this number one is also registered for manufacture, in accordance with Section 14 of the Food and Drugs Act 1955. With the exception of the one manufacturer, all retailers obtain their supplies from outside the Borough. It should be noted that mobile vans selling ice cream are not registerable, but are controlled through the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966.

Bacteriological Sampling

During the year 67 samples of ice cream were taken for bacteriological examination. The provisional grading showed the following results:—

	<i>Soft</i>	<i>Hard/Prepacked</i>	<i>Total</i>
Grade I	14	39	53
Grade II	1	4	5
Grade III	4	2	6
Grade IV	2	1	3
	<hr/> 21	<hr/> 46	<hr/> 67

The standard which determines the bacteriological state of the ice cream has no statutory enforcement and those falling within Grades III and IV are not judged as being unfit for human consumption.

Sampling for Chemical Analysis

During the year 135 samples were submitted for chemical analysis and it will be seen from the following summary that a wide range of commodities was covered.

<i>Commodity</i>	<i>Number of Samples Examined</i>		<i>Reported Adulterated or otherwise giving rise to Irregularity</i>	
	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>
Alcohol	1	1	—	—
Baby Food	—	1	—	—
Bread	—	1	—	—
Bread and butter	1	2	1	—
Butter	—	1	—	—
Beverages	—	5	—	—
Cake Cream	—	1	—	—
Cereals	—	5	—	1
Cheese	—	2	—	—
Cooking Aids	—	13	—	—
Confectionery	—	4	—	—
Cream	—	1	—	—
Desserts	—	10	—	—
Drinks, soft	—	8	—	—
Fish, tinned	—	3	—	—
Fruit, dried	—	2	—	—
Fruit, fresh	—	3	—	—
Health foods	—	3	—	—
Meat, fresh	2	—	—	—
Meat products	—	5	—	—
Meat, tinned	—	4	—	1
Milk	10	6	—	1
Purees and sauces	—	12	—	—
Sausages	9	5	—	—
Soups	—	4	—	—
Spreads	—	5	—	1
Vegetables, fresh	—	2	—	—
Vegetables, tinned	—	2	—	—
Water	—	1	—	—
Total	23	112	1	4

Of the 135 samples, five were reported as unsatisfactory, details of which are given below:—

Sample No. and Description

No. 34 (Informal)
Chocolate Spread

Irregularity

This sample gave a deficiency of 7.7% cocoa butter. The sample was analysed as for drinking chocolate, whereas the manufacturers claimed that it was sold for spreading on bread, cake, etc. No further action.

No. 48 (Informal)
Beef Risotto

The Public Analyst found that the lacquer of the dividing wall of the tin was corroded in a number of places. The investigation resulted in this product being withdrawn from sale, and it is likely that the concept of Duo-Can production will be discontinued.

Sample No. and Description
No. 60 (Informal)
 Chocolate covered cornflakes

Irregularity

The report stated "that the cornflakes were coated with a substance resembling chocolate but containing a high proportion of vegetable fat other than cocoa butter". No formal action taken, as the product was discontinued and there was some doubt as to the actual description of the article at time of sampling.

No. 81 (Informal)
 Milk Powder

The Public Analyst was of the opinion that the label on this product was printed in a misleading manner. The manufacturers, without reservations, agreed to alter the wording which would comply with the new Regulations coming into force on 1st January, 1973.

No. 85 (Formal)
 3 slices bread and butter

The Public Analyst reported that the sample was bread and margarine. The proprietor of the cafe disputed the sale of this article as "bread and butter". Legal proceedings were considered, but not taken.

SUMMARY OF ALL SAMPLES

Food and Drugs

Chemical Analysis (including ice cream, milk and water)

Formal	...	...	...	...	...	19	
Informal	...	...	...	...	...	115	
						—	134
Water	...	...	...	...	...		2
Pesticide	...	...	...	...	...		3

Bacteriological Analysis

Ice cream:

Wrapped	...	...	...	...	46	
Soft	...	...	...	...	21	
					—	67

Milk:

Pasteurised	...	...	...	...	94	
Sterilised	...	...	...	...	7	
Ultra Heat Treated	...	...	...	...	20	
Untreated	...	...	...	...	7	
					—	128

Sundry Foods:	66	
---------------	-----	-----	-----	-----	-----	----	--

Water:

Domestic	...	...	...	...	126	
Mental Hospitals:						
Deep Well	...	...	...	...	10	
Mixed Supply	...	...	...	...	16	
Mains Supply	...	...	...	...	71	
Swimming Baths and Pools	...	...	...	...	77	
					—	300

—
 561
 —
 700
 —

MEAT AND OTHER FOODS

Slaughterhouses

There are no licensed slaughterhouses in the Borough.

Condemned Meat and Other Foods

The following meat and other foods were inspected at shop and food stores within the Borough and found to be unfit for human consumption.

<i>Commodity</i>	<i>Cwts.</i>	<i>lbs.</i>	<i>No. Tins or Jars</i>	<i>No. Packets or Cartons</i>
Fish—Fresh ...	—	72	—	—
Fish—Tinned ...	—	—	7	—
Foods—Frozen ...	—	—	—	11,696
Fruit—Tinned ...	—	—	442	—
Ice Cream ...	—	—	—	1,977
Meat—Fresh ...	11	15	—	—
Meat—Tinned ...	—	—	19	—
Milk Products ...	—	—	189	—
Poultry—Fresh ...	8	86	—	—
Vegetables—Tinned ...	—	—	228	—
Sundry Foodstuffs ...	—	—	2,854	—
Cheese ...	3	14	—	—

Butchers' Shops

There are 31 butchers' shops in the Borough, all of which have been periodically inspected during the year, 49 visits being made.

The high standard of cleanliness and equipment which has for many years characterised this type of food shop was maintained.

Bakehouses

Fourteen inspections and visits were made during the year to the five bakehouses which, however, supply only a small proportion of the bread and confectionery sold, the remainder being produced by the large Companies outside the Borough and distributed through food shops and by mobile vans.

Complaints

During the year 57 (63) complaints were received in respect of food generally with 13 (8) specifically in respect of milk and milk bottles.

Five (4) prosecutions were taken, details of which are given below.

The figures in brackets are for 1971.

Case No. 1 (Section 2, Food and Drugs Act 1955)

Sale of mouldy sausages—Defendants pleaded guilty—fined £25 with £10 costs.

Case No. 2 (Section 2, Food and Drugs Act 1955)

Sale of milk in an unclean bottle—Defendants pleaded guilty—fined £20 with £10 costs.

Case No. 3 (Section 2, Food and Drugs Act 1955)

Sale of tomato soup containing slug—Defendants pleaded guilty—fined £30 with £10 costs.

Case No. 4 (Section 2, Food and Drugs Act 1955)

Sale of mouldy beef and pork sausages—Defendants pleaded guilty—fined £25 with £15 costs.

Case No. 5 (Section 2, Food and Drugs Act 1955)

Sale of bottle of milk containing mouse—Defendants pleaded guilty—fined £35 with £10 costs.

FOOD HYGIENE

One of the most important aspects of the storage, handling and sale of food is the observance of good hygienic practices. Although it is rare nowadays to find food premises deficient in structural standards or lacking in essential equipment, it is still necessary to instruct and teach food handlers the basic principles of hygiene.

In this connection the larger retail trading companies are setting aside early morning training sessions for their staff and the opportunity has been taken for the Public Health Inspector to give short lectures on Food Hygiene.

Additionally, the Public Health Inspectors also talk whenever possible to members of local organisations on all aspects of Food and Drugs administration.

One prosecution was taken, details of which are given below:—

Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966

A local manufacturer selling ice cream from a mobile van was summonsed in respect of six offences relating to cleanliness, absence of sink, wash hand basin and water supply, etc.

The prosecution failed in that the owner of the food van showed that the van driver was not his employee but a franchise trader. Efforts to trace this person were unsuccessful.

Food Vending Machines

The use of food vending machines in factories, offices, shops, schools and colleges, is now established to the extent that it is necessary to advise on their management, cleansing, sterilisation and maintenance. To this end a survey of such premises was made and codes of practice drawn up for the use of the operators. Ten premises were visited and 28 machines inspected. The work is continuing.

SHOPS ACTS 1950 AND 1965

The Council is the authority responsible for the enforcement of the provisions of the Act as they relate to Hours of Closing and Sunday Trading.

The General Closing Hours are 8 o'clock with 9 o'clock on the late day. Wednesday is generally recognised as the Early Closing Day but the effect of the Shops (Early Closing Days) Act 1965 allows the shopkeeper to choose his own Early Closing Day and strict observance of Wednesday is decreasing. No Orders as to six-day trading are in force in the Borough.

Inspections and visits relating to shop hours and the posting of notices numbered 618.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The following report on work of administration of the Act during the year has been submitted to the Department of Employment.

Table A. Registration and General Inspections.

<i>Class of Premises</i>	<i>No. Premises registered during year</i>	<i>Total No. Premises registered end of year</i>	<i>Premises receiving inspection during year</i>
Offices	38	280	39
Retail shops	31	422	219
Wholesale shops, warehouses ...	1	18	7
Catering establishments open to the public, canteens	3	64	52
Fuel storage depots	—	1	—
	<u>73</u>	<u>785</u>	<u>317</u>

Table B. Number of visits of all kinds by Inspectors to Registered Premises 828

Table C. Analysis of persons employed in registered premises by Workplace.

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
Offices	4,311
Retail Shops	2,017
Wholesale Departments, Warehouses	125
Catering Establishments open to the public	410
Canteens	60
Fuel storage depots	1
Total	<u>6,924</u>
Total Males	<u>3,736</u>
Total Females	<u>3,188</u>

There has been a good and uniform acceptance by those concerned as to the requirements of this new legislation and the routine inspection of offices and shops now forms a part of the Public Health Inspectors' normal duties.

Sixteen accidents were reported during the year. Each was investigated and a quarterly return thereon was submitted to the Department of Employment.

THE OFFICES, SHOPS AND RAILWAY PREMISES (HOISTS AND LIFTS) REGULATIONS, 1968

These Regulations, coming into operation in 1969, impose requirements as to the construction, maintenance and examination of hoists and lifts in offices, shops and railway premises. In connection therewith, my Deputy attended a specialist course on this subject at the South East London Technical College and at the end of the year 20 inspections of premises had been made.

CLEAN AIR ACTS 1956/1968

Measurement of Air Pollution

Since 1963/4, the measurement of smoke and sulphur dioxide in the air has been monitored at the two stations set up in Epsom and Ewell, in conjunction with the Warren Spring Laboratory, Department of Trade and Industry.

The following tables show the marked fall in the amount of smoke and sulphur dioxide measured in microgrammes per cubic metre from the first full year of recordings in 1965 to the present time, and comparisons with the year 1971 show that this year's figures for the Average Daily Readings for the winter months continue this positive trend.

The Council has not considered it necessary to promote smoke control areas in the light of the original low recordings and the subsequent marked improvement. This improvement is the result of social change whereby the householder has changed from the burning of coal to the use of electricity, gas, oil and smokeless fuels, for space heating and domestic hot water.

With the continuing fall in the yearly average smoke concentrations in the air to below

50 microgrammes per cubic metre, which is the accepted mean for London and the South East, it was decided to discontinue the monitoring of smoke and sulphur dioxide during the summer months, commencing in April, 1971.

In May 1972, the Warren Spring Laboratory published its National Survey of Air Pollution 1961-1971, for Greater London and the South East Region (Bedfordshire, Berkshire, Buckinghamshire, Essex, Hampshire, Hertfordshire, Kent, Oxfordshire, Surrey and Sussex).

I reproduce extracts relating to the six recording sites in Surrey, which show from the table that for smoke the Borough has the lowest figures for 1971, and for sulphur dioxide the figures, although in part reduced since 1964, now show increases on which the Report makes comment.

Table 3.40. North Surrey—National Survey observations

<i>Site</i>				<i>Short description</i>							
Addlestone				Council Offices; faces a small-town type of High Street across a wide green space; good private housing behind.							
Epsom				Town Hall; in a road of large houses and gardens just behind town centre.							
Ewell				Stoneleigh West School; in field surrounded by good very low-density private housing.							
Molesey				St. Mary's Road; a mixed area, mainly of good fairly low-density private housing.							
Thames Ditton				Weston Green Road; in cottage hospital in road of private houses with large gardens.							
Walton-on-Thames				Town Hall; in park on edge of town centre; good private low-density housing nearby.							

Smoke											
				Average pollution, $\mu\text{g}/\text{m}^3$, winter ended March:							
				1964	1965	1966	1967	1968	1969	1970	1971
Addlestone	...	...	...	—	—	71	54	60	64	54	44
Epsom	...	...	...	—	71	54	44	60	54	42	41
Ewell	...	...	...	112	98	70	46	59	57	42	37
Molesey	...	...	...	127	100	87	—	—	—	—	—
Thames Ditton	...	...	...	116	87	77	—	—	—	—	—
Walton-on-Thames	...	...	...	—	—	—	—	—	—	42	43

Sulphur Dioxide											
Addlestone	...	...	...	—	—	113	82	87	72	85	114
Epsom	...	...	...	—	174	119	90	67	63	104	111
Ewell	...	...	...	244	263	212	200	229	255	187	212
Molesey	...	...	...	172	144	118	104	144	—	—	—
Thames Ditton	...	...	...	173	150	112	99	154	—	—	62
Walton-on-Thames	...	...	...	—	—	—	—	—	—	124	106

"For smoke, none of the sites now has concentrations above the Regional Urban Average. The question naturally arises as to how well the area is sampled by these sites, bearing in mind that the present favourable position has been achieved without smoke control. The first section of Table 3.40 shows that all the sites are in districts of low-density housing, but an inspection of the whole area shows that low-density housing is in fact characteristic of the loose urban texture of this 'conurbation'. The Author would hazard a guess that there might be a few other places in the area with as much smoke as Addlestone, now just on the Regional Urban Average, but that it is unlikely that any would be much worse.

The consistently very high concentrations of sulphur dioxide at this set of low-density housing sites show that the gauges are measuring the general overall pollution in the area and not just that arising from the rather sparse array of chimneys in the immediate surroundings. This suggests that the same should be true for smoke, and that the low smoke concentrations recorded by the gauges are typical of the wider area surrounding them and not just of the very immediate surroundings. All this suggests further that, even without formal smoke control, a considerable proportion of the premises have adopted modern smokeless methods of heating."

Complaints

Fifty-three complaints were received in connection with smoke nuisances, compared with 114 for 1971.

This marked fall is attributed to the change over from coal to gas and oil for the boilers at the Epsom District Hospital and it is hoped the result of the campaign in respect of bonfires at domestic premises, which was mounted in 1971.

EWELL NO. 1

READINGS TAKEN FROM DAILY SMOKE AND SULPHUR DIOXIDE RECORDING APPARATUS AT
EWELL COUNTY SECONDARY SCHOOL (NEWBURY DEPARTMENT), STONELEIGH

Smoke Concentration (Microgrammes per cu. metre)

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965 1971 1972	105 37 32	71 27 36	30 C C	17 C C	N C C	N C C	16 C C	23 C C	79 28 21	93 36 24	62 39 N
Highest daily reading	1965 1971 1972	280 87 79	243 100 109	79 C C	48 C C	44 C C	34 C C	56 C C	51 C C	226 86 57	228 98 65	302 246 111
Lowest daily reading	1965 1971 1972	22 8 7	14 7 6	9 C C	7 C C	3 C C	4 C C	4 C C	6 C C	10 3 7	10 16 3	10 3 3

Sulphur Dioxide Concentration (Microgrammes per cu. metre)

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading	1965 1971 1972	290 212 102	271 176 134	109 C C	92 C C	N C C	N C C	56 C C	82 C C	220 70 94	225 108 50	183 138 N
Highest daily reading	1965 1971 1972	647 372 250	562 271 213	338 C C	170 C C	333 C C	142 C C	142 C C	194 C C	452 188 190	411 270 106	470 327 327
Lowest daily reading	1965 1971 1972	41 68 29	42 93 80	30 C C	66 C C	129 C C	18 C C	18 C C	35 C C	60 6 25	40 23 18	44 48 17

N — indicates that insufficient results were obtained.

C — indicates station closed down for Summer months.

EPSOM NO. 1

READINGS TAKEN FROM DAILY SMOKE AND SULPHUR DIOXIDE RECORDING APPARATUS AT THE TOWN HALL, THE PARADE, EPSOM Smoke Concentration (Microgrammes per cu. metre)

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading 1965 1971 1972	72 55 37	102 43 39	52 32 38	26 C C	16 C C	20 C C	11 C C	17 C C	18 C C	63 31 23	70 47 27	48 48 N
Highest daily reading 1965 1971 1972	214 183 92	299 110 91	184 70 98	76 C C	45 C C	113 C C	28 C C	72 C C	37 C C	158 99 53	190 134 74	193 360 185
Lowest daily reading 1965 1971 1972	7 11 3	14 8 6	10 7 6	6 C C	3 C C	2 C C	4 C C	5 C C	7 C C	10 6 7	7 11 6	8 7 3

Sulphur Dioxide Concentration (Microgrammes per cu. metre)

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Average daily reading 1965 1971 1972	163 128 115	243 117 93	138 122 132	87 C C	69 C C	137 C C	37 C C	38 C C	41 C C	126 68 63	141 74 36	88 125 N
Highest daily reading 1965 1971 1972	355 461 453	562 370 209	319 230 265	255 C C	213 C C	298 C C	73 C C	74 C C	101 C C	266 184 115	331 205 90	237 239 224
Lowest daily reading 1965 1971 1972	32 31 34	82 30 18	29 55 59	42 C C	27 C C	48 C C	12 C C	12 C C	20 C	39 6 6	41 26 12	24 38 11

N — indicates that insufficient results were obtained.

C — indicates station closed down for Summer months.

EPSOM DOWNS

Sale of Food

Vehicles and stalls vending food on Epsom Downs are controlled by the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966.

Water for drinking and washing purposes is obtained from stand pipes specially provided and bottled gas is the principal fuel used for heating.

With the advent of racing, a concentrated programme of inspection is arranged, in which samples of water, ice cream and other foods are taken as part of the control measures in force.

The two permanent food kiosks are subject to normal inspection throughout the year.

Sanitary Accommodation

In addition to the modern public convenience opened in 1969, the Council provides five mobile conveniences for use at the Race Meetings. These temporary conveniences are piped with a mains water supply and discharged to the public sewer. They are of modern design and replace the original converted trolley buses.

Cleansing

The cleansing of the Downs during and after Race Meetings is carried out under the direction of the Epsom Grand Stand Association Limited. At other times the cleansing of the Downs is the responsibility of the Conservators.

Caravans

The Grand Stand Association Limited applied for a licence in respect of one site adjacent to the Rubbing House Hotel and extending to Langley Vale Road. A temporary caravan licence was granted by the Council and such was the demand by caravanners that many of the vans and their towing cars and/or lorries overflowed onto the Hill proper.

It was found that the temporary sanitary accommodation, water supply services, provision of refuse containers, etc., were inadequate to accommodate the increased number of caravans and the Council had urgent consultations with the Grand Stand Association on this problem.

Agreement was reached to provide increased facilities to be available for the Derby Meeting of 1973.

RODENT CONTROL

Prevention of Damage by Pests Act 1949

In accordance with requirements of the above Act, occupiers of land or buildings are under an obligation to notify the Local Authority in writing, of the presence of rats or mice in substantial numbers. It is also the duty of every Local Authority to take such steps as may be necessary to secure, as far as practicable, that their district is kept free from rats and mice. They are empowered to make inspections and enforce owners and occupiers to carry out such operations as may be necessary for this purpose.

Advice and assistance are given to persons who report any such infestation or apply for information as to preventive measures. Such advice is based on methods of destruction recommended by the Infestation Control Division of the Ministry of Agriculture, Fisheries and Food.

One full-time Rodent Operative is employed in the Department and the following is a summary of the work carried out:—

<i>Number of</i>	<i>Average for years</i>	
	<i>1967-1971</i>	<i>1972</i>
Complaints investigated	641	626
Inspections and visits	3,376	3,964
Premises found infested	487	463
Treatments carried out by the Rodent Operative at:		
Private premises	531	591
Business premises	84	87
Rats known to have been caught and destroyed by the		
Rodent Operative	250	154
Mice known to have been caught and destroyed by the		
Rodent Operative	26	63

In assessing the number of rodents killed, a conservative estimate would be formed by using a factor of 5 to every rodent actually found dead as the use of Warfarin poison, a blood anti-coagulant, causes the rodent affected to seek cover before it dies.

The charge for services to business premises was 95 pence per hour, increased on the first of April to £1.00 per hour, which produced an income of £172.18.

Sewer Rat Control

Special attention is paid to the inspection of sewers for the presence of rats. It is encouraging to find that the rat population of the sewers is small, due principally to the control measures in force on the ground.

Experimental Scheme—Permanent Baiting Points

The Ministry of Agriculture, Fisheries and Food is currently interested in the proposition that the control of rats in towns may be improved by the provision of permanent baiting points, rather than waiting for complaints from the public. This supposition is applied to towns where there are no chronic areas of infestation.

In that connection, the Council were pleased to accede to the request of the Ministry to participate in an experimental scheme based on the provision of permanent baiting points and this was implemented in the Autumn of 1971.

A small part of Epsom was chosen, which encompasses part of the central shopping area, and the scheme has now operated for a full year. The results show that in this limited area, complaints have been reduced, which is the objective of the experiment. It would appear that on this basis, the control of rats may be undertaken by this method, but it is too early to make positive conclusions.

DISINFECTION

Two hospital wards were treated following tuberculosis.
Library books are treated on request, numbering 47.

DISINFESTATION

Sixteen premises were disinfested by reason of animal fleas (5), bed bugs (1), mites (3), ants (2), scabies (1) and dirty homes (4). Income from chargeable services totalled £24.62.

In addition, three waste skips were treated on Epsom Downs during Derby Week.

INSECTS AND OTHER PESTS

Wasps' Nests

The destruction of wasps' nests is carried out on request at a charge of 70p per nest destroyed (no extra charge being made for additional nests being destroyed at time of visit).

The number of nests destroyed was 375, as compared with 574 in 1971.

Total receipts were £92.60.

Feral Pigeons—Control

A limited control of Feral Pigeons is exercised by trapping the birds where they infest public places, 66 being caught by this method.

One measure which has improved the condition of the pavements at the Railway Bridge at East Street, Epsom, was the netting of the underside of the structure which prevented the pigeons from perching and nesting. The work was carried out by a pest control company, at the expense of the Corporation.

Foxes

As part of the husbandry of land owned by the Council—commons, parks etc.—foxes are destroyed whenever possible by the Rodent Operative.

Fifteen were so killed during the year.

HAIRDRESSERS' AND BARBERS' ESTABLISHMENTS

Bye laws are in force for the purpose of securing:

- (a) The cleanliness of premises on which a hairdresser's or barber's business is carried on and of the instruments, towels, materials and equipment used therein; and
- (b) the cleanliness of the hairdressers or barbers working in such premises in regard to both themselves and their clothing.

In that connection 30 visits and inspections were made.

CONSUMER PROTECTION ACT, 1961

Under this Act the Secretary of State is empowered to make Regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce risk of death or personal injury. The following Regulations come within the jurisdiction of this Department:—

The Nightdresses (Safety) Regulations, 1967.

The Heating Appliances (Fireguards) Regulations, 1953.

The Oil Heaters Regulations, 1962/66.

The Toys (Safety) Regulations, 1967.

The Regulations are in the main well observed by the trade but the sale of second-hand heating appliances, oil, gas and electric, at jumble sales, etc., is discouraged, as many of these appliances do not conform to the standards required.

Samples of toys in relation to the permitted lead content were taken and 33 visits and inspections made.

NOISE ABATEMENT, 1960

The incidence of industrial and neighbourhood noise continues to be low, as shown by the complaints received, namely 26, all of which were dealt with informally.

In respect of aircraft noise, the Surrey County Council appointed consultants to report on Aircraft Routes from Heathrow over Surrey, which when received was distributed to all County Districts asking for their observations.

The Council supported the efforts of the County Council in which their representations to the Department of Trade and Industry, which were mainly directed to steps which, in their opinion, would help to reduce the amount of noise from this source.

MISCELLANEOUS

Keeping of Animals

The Pet Animals Act 1951 requires pet shops to be licensed; three applications were received and granted during the year.

In respect of the boarding of cats and dogs, the Animal Boarding Establishments Act 1963 similarly requires the licensing of premises. Three applications were received and granted during the year.

Riding Establishments Act 1964

The Act provides for a system of yearly licensing by local authorities.

Briefly, in considering the application for a licence, a local authority must have regard to the suitability and qualification of the applicant and a report from a Veterinary Surgeon or Veterinary Practitioner of an inspection of the premises. The suitability of the horses kept at any such establishment is also a determining factor.

Six riding establishments were licensed during the year.

Betting, Gaming and Lotteries Acts 1963/64/68

Permits for the provision of amusements with prizes, in force at the end of the year, which are granted on a 3 year basis were as follows:—

Licensed Premises: 10 permits in respect of 10 machines at 9 premises.

Cafes: 4 permits in respect of 4 machines at 4 premises.

In recent years the number of permits has reduced and as from 1st October, 1970, the Licensing Justices became responsible for their issue in respect of licensed premises (public houses, clubs, etc.).

Scrap Metal Dealers' Act 1964

This Act makes provision for the local registration of all scrap metal dealers and every local authority is required to maintain a register of persons carrying on business in their areas as scrap metal dealers.

There is no discretion to refuse registration, which can be effective for three years, and will be cancelled unless application is received for its renewal.

Apart from the registration by the local authority the dealer is required to keep a record of his dealings in scrap metal and this record is subject to scrutiny by the Police.

Three premises are so registered.

The Broadway, Stoneleigh

In view of the concern by members of the Council and local residents as to the unsatisfactory condition of the service roads and rear gardens/yards of the shops of the Broadway, a special survey was carried out. This showed there was general neglect, with defective and absent fences, accumulations of refuse and in some cases, gardens overgrown with weeds. Additionally, much of the original character had altered with the erection of additional buildings, sheds and garages, with cars and vans being parked in the open.

A circular letter was sent to all occupiers drawing their attention to the condition of the access roads, gardens, accumulations, structures etc., which now adversely affect the amenities of this area.

A limited response was achieved. There were no conditions which could be defined as public health nuisances.

PART FOUR

**SCHOOL
HEALTH
SERVICE**

BOROUGH OF EPSOM AND EWELL

EDUCATION COMMITTEE

Report of the School Medical Officer for the year 1972

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my Annual Report on the School Health Service for the year 1972.

Due to medical staffing difficulties it was not possible to implement fully the changes I had hoped for in the service, nevertheless on the whole there was a greater awareness and a closer co-operation between heads of schools, school counsellors, medical officers and health visitors in meeting and smoothing out the day to day problems, which are continually arising especially in the senior schools. Unfortunately, even with the best will on all sides some of these problems are insoluble or take a very long time to solve. Older emotionally disturbed children present particular difficulty and it is therefore vital that all concerned in the educational world are aware of danger signals, e.g. aggression, poor attendance or progress, withdrawal, etc., early in a child's school life. Unhappy and unstable home circumstances can play an important part in causing concern in the school environment and it is to be hoped that the increasing attachment of health visitors to general practitioners will strengthen the early recognition of families at risk.

In the Spring Term a further screening test was introduced by the Surrey County Council namely, the urine testing of five year old girls at school entry. It can be appreciated that this was no mean undertaking and I wish to thank the health visitors and the school nurses concerned for their sympathetic and tactful handling of the children involved in the survey, also their parents for their interest and understanding. Three hundred and thirty-eight girls were tested, resulting in eight children requiring further investigation and treatment. The effort is well worthwhile if it prevents any child finishing up on a kidney machine later in life. I am grateful to the heads of infant schools for their forbearance and to the general practitioners who assisted in the referrals to hospital specialists.

It is encouraging that independent schools are recognising the importance of a child's health in progressing educationally and later in 1972 one of the local private schools requested our services and will be receiving them in 1973. Parents and indeed children themselves are not always aware of defects, especially those involving hearing and sight. I hope that this new venture will be of mutual benefit to all concerned. We have of course been visiting independent schools for B.C.G. vaccination against tuberculosis for many years.

One senses that a great deal of lip service is paid to the health education of young people particularly the dangers from smoking but I am becoming increasingly aware of the fact that this propaganda has been far more potent in the middle-aged group of the population, where smoking appears to be decreasing markedly. Many in that same age group are concerned with their weight and there is no doubt in my mind that the majority of the homes of our land display or possess some form of diet sheet. Our social impact upon other people seems to be a great incentive for self-improvement and it is of interest that youth have recognised this with a resultant awareness of personal appearance leading to regular hair-washing and the use of a multiplicity of sprays and deodorants. The young female is also acutely aware of her figure and weight is watched with the utmost vigilance. Despite possible abuse, this is a hopeful trend. Unhappily a smelly cigarette invades this scene beautiful but the close friends, disease and death, do not mind at all, joyfully biding their time for self-selected victims.

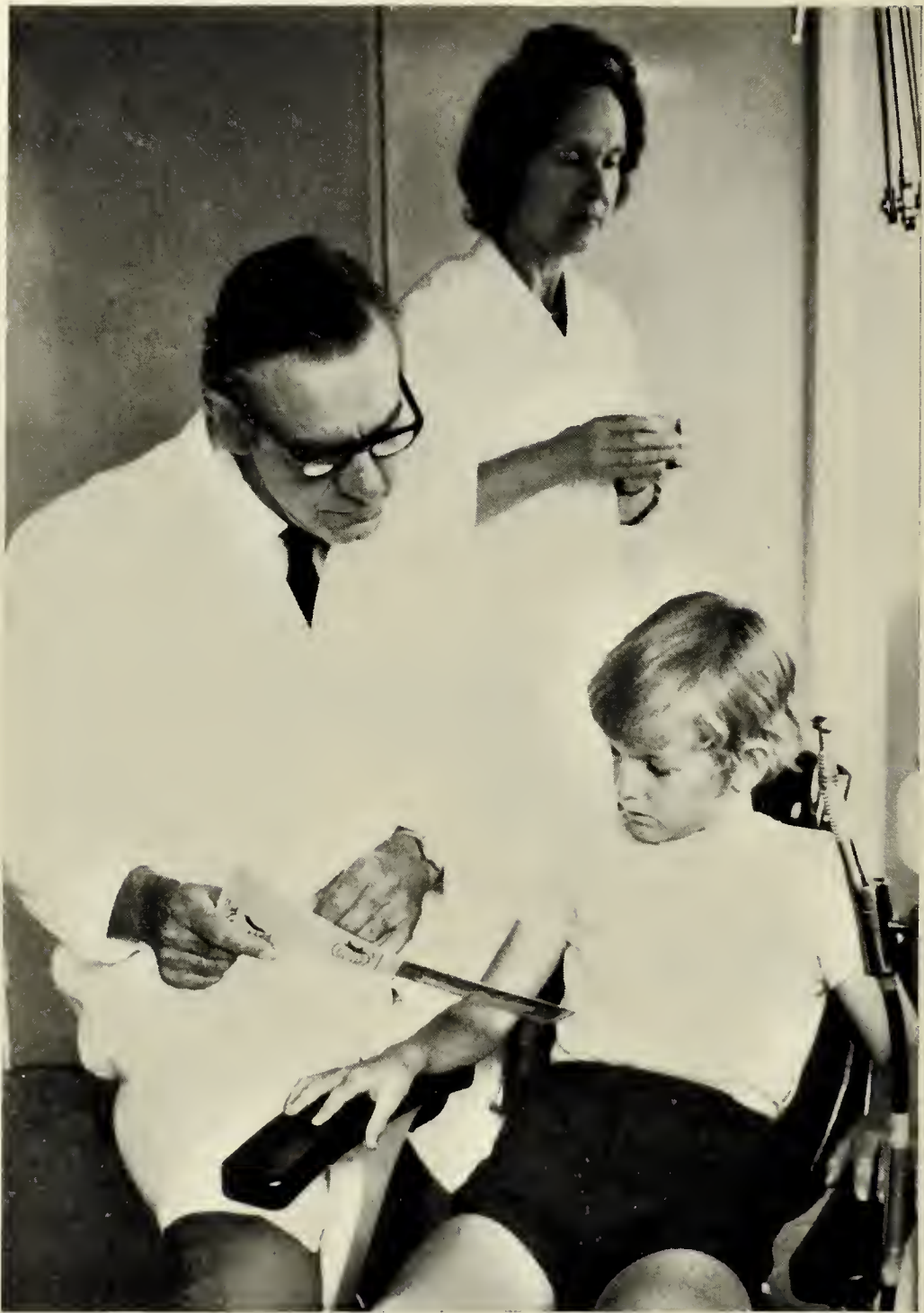
I am very grateful to the Chairman and members of the Education Committee for their interest and support throughout the year. I particularly appreciate the ready co-operation and assistance, which my staff and I have received from Mr. R. G. Wallis, Borough Education Officer and his staff. The heads of schools have remained understanding of our intrusion into their schools and this is greatly appreciated by the medical and nursing staff. My thanks are due to Dr. E. Davis, Senior Medical Officer, who has taken over a large amount of the day to day administration of the School Health Service, also to Mr. G. B. Ashworth, Senior Dental Officer. Miss J. Dorrington, Area Nursing Officer, and Mr. R. A. Stay, Administrative Assistant, have never failed in assisting me and I sincerely thank them both and the rest of the Health Department staff.

I am, Mr. Chairman, Ladies and Gentlemen, Your obedient Servant,

T. A. PLUMLEY,
School Medical Officer.



Medical Officer assesses health and well-being of child



"Teeth do matter". Health education by Dental Officer

A. School Population

The maintained school population at the end of the year was as follows:—

Primary	...	...	...	...	...	...	...	5,256	(5,319)
Secondary	...	...	...	...	...	...	...	3,960	(3,834)
Special	...	...	...	...	...	...	...	31	(26)
Nursery	...	...	...	...	...	...	...	103	(114)
								<hr/> 9,350	<hr/> (9,293)

Figures for 1971 are given in brackets.

The number of maintained school departments in the Borough on 31st December, 1972, was:—

Primary	...	...	...	...	...	...	...	19
Secondary	...	...	...	...	...	...	...	5
Special (Partially-Hearing Unit and The Lindens, St. Ebba's Hospital)	...	...	...	...	...	...	...	2
Nursery Classes (West Ewell and Cuddington Croft Schools)	...	...	...	...	...	...	...	2
								<hr/> 28

B. Medical Inspections

(i) Scheme

Medical inspection by age groups was carried out on a partly routine and selective basis as follows:—

Primary	(a)	On entry.	Complete medical examinations, including test for urinary infection in girls.
	(b)	Aged 8-9 years.	Selective medical examination, but all children in this group have vision and hearing tests.
Secondary	(c)	On entry.	Complete medical examination.
	(d)	During year in which age of 13 is reached (if more than a year since last routine examination).	Vision test only.
	(e)	During year in which age of 15 is reached.	Selective medical examination, but all children in this group have vision test.
	(f)	During year in which age of 17 is reached (if more than a year since last routine inspection).	Vision test.

(ii) Periodic Medical Inspections

TABLE I

Age Groups Inspected (by years of birth)		Number of pupils Inspected		Pupils found to require treatment				Total individual pupils	
				For defective vision (excluding squint)		For any other condition recorded on Table III			
1968 and later	...	7	(3)	1	(-)	-	(-)	1	(-)
1967	...	347	(337)	20	(10)	63	(37)	72	(39)
1966	...	465	(524)	21	(17)	47	(50)	62	(53)
1965	...	7	(17)	1	(-)	1	(-)	2	(-)
1964	...	6	(843)	1	(61)	3	(1)	3	(62)
1963	...	128	(30)	30	(-)	15	(4)	44	(4)
1962	...	71	(8)	20	(-)	4	(-)	22	(-)
1961	...	230	(189)	32	(24)	20	(10)	50	(31)
1960	...	407	(181)	60	(25)	46	(15)	99	(31)
1959	...	211	(231)	26	(40)	12	(9)	33	(44)
1958	...	5	(8)	-	(1)	2	(-)	2	(1)
1957 and earlier	...	46	(781)	9	(186)	2	(23)	11	(203)
Totals	...	1,930	(3,152)	221	(364)	215	(149)	401	(468)

Figures for 1971 are given in brackets.

(iii) Other Inspections

- (a) A special inspection is one that is carried out at the request of a parent, doctor, nurse, teacher or other person.

Number of special inspections	1,731	(880)
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- (b) A re-inspection is a follow-up inspection arising from one periodic medical inspection or out of a special inspection.

Number of re-inspections	403	(257)
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Figures for 1971 are given in brackets.

(iv) Parents present at Inspections

Parents were present at 1,274 routine medical inspections, a percentage of 60.6. This compares with 1,025 attendances in 1971, a percentage of 32.5.

(v) Inspections for Infestation

- (a) Number of individual examinations of pupils in Schools

by Health Visitors	3,890	(3,255)
--------------------	-----	-----	-----	-----	-------	---------

- (b) Number of individual Pupils found to be infested

...	39	(33)
-----	----	------

- (c) Number of individual Pupils in respect of whom cleansing notices were issued

...	Nil	(Nil)
-----	-----	-----	-----	-------

Figures for 1971 are given in brackets.

There has been an increasing incidence of head infestation over the past two years. In 1970 14 children were found to be infested, in 1971 33 children were affected and as seen from the above figures 39 children were discovered by Health Visitors carrying out inspections in 19 Primary and 2 Secondary Schools. Only one of the 39 children was a secondary school child.

Up to now Esoderm Lotion and Shampoo has proved effective, but as the head lice and nits are becoming resistant to such treatment, a new substance Malathion, is coming into use and has shown to be lethal to the parasites. Resistance to treatment may be one of the causes of the increase in the number of children found to be infested.

C. General Physical Condition of Pupils

At each routine medical inspection School Medical Officers are required to assess the general physical condition of the children and to record the assessment under the headings "satisfactory" or "unsatisfactory".

Without exception the condition of the children was recorded as satisfactory.

D. Employment of Children

School Medical Officers carried out 80 examinations of children in order to ascertain their fitness to undertake part-time employment. One child only was considered to be unfit for employment.

E. Orthopaedic Defects

A qualified Physiotherapist attended at the Bourne Hall Health Centre and the Epsom Health Clinic to conduct remedial exercise classes for children with orthopaedic defects relating to posture and feet.

Number of sessions	95	(67)
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Number of children treated in 1972	94	(65)
------------------------------------	-----	-----	-----	-----	----	------

Number of attendances	326	(262)
-----------------------	-----	-----	-----	-----	-----	-------

Number of new cases admitted during the year	35	(46)
--	-----	-----	-----	-----	----	------

Number of cases discharged	14	(37)
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Figures for 1971 are given in brackets.

F. Urinary Disorders

(i) Screening of school entrants for urinary infection (*Bacilluria*)

As from the beginning of the Spring Term 1972, screening tests were carried out for urinary infection in five-year-old girl entrants to Primary Schools in the Borough. Urinary infection in childhood is often without symptoms but if left untreated can produce kidney disease in older girls and women and even premature death.

Even though only 2% to 3% of young girls may be discovered suffering from urinary infection it is considered that such screening methods are well worthwhile in preventing serious disease in later life. The urine specimen is also tested for sugar to exclude diabetes.

Three hundred and thirty-eight children were tested during the year and out of these 8 children needed investigation and treatment.

(ii) Bedwetting (*Enuresis*)

In the course of the year 14 children were loaned electric enuresis alarms, with varying degrees of success.

G. School Eye Clinics

Ophthalmic Surgeons visited the Ewell Court and Epsom Health Clinics regularly throughout the year, and below is given a summary of work carried out:

Number of sessions	62	(72)
Number of children who attended during the year	584	(589)
Number of attendances during the year	763	(852)
Number of examinations for errors of refraction (including squint):		
(a) Glasses ordered or re-ordered	248	(230)
(b) Glasses not ordered	510	(622)
Number referred for orthoptic or surgical treatment of squint	7	(8)
Number referred to Hospital for treatment unobtainable at Clinic	2	(3)

Figures for 1971 are given in brackets.

H. Dental Inspection and Treatment

The work of the two Dental Clinics in the Borough continued throughout the year. Table II of this report shows an increase over the previous year in the number of pupils treated and the amount of treatment given. This again was due to the fact that we enjoyed a full year without staff changes. General anaesthetic sessions for extractions were held regularly at both clinics and facilities are available at the clinics for the taking and processing of x-rays. A County specialist attends at the clinics to carry out orthodontic treatment.

Mr. G. B. Ashworth, Senior Dental Officer, makes the following comments:

"A most welcome observation affecting the work of the Dental Clinic has been the willingness of more parents to assume responsibility for the dental health of their children.

When parents present pre-school children for dental inspection, advice or treatment; when they insist that their children at school pay regular visits to a dental surgery two or three times a year, resolutely supervising their diet and dental hygiene at home, then there is a considerable reduction in the amount of treatment required.

If this responsibility could be encouraged still more then less time would be spent at the Clinics in carrying out emergency extractions and excessively prolonged treatments for the repair of neglected teeth. More time could be given to dental health instruction at the chair-side and to the use, in suitable cases, of recently introduced prophylactic measures.

A much brighter future for our children's dental health would result if this parental care and interest could be maintained consistently in this way."

TABLE II
Dental Inspection and Treatment

1. Number of pupils inspected	9,579	(9,058)
2. Number found to require treatment	3,802	(2,894)
3. Number treated at school dental clinics	2,349	(2,045)
4. Number of attendances made by pupils for treatment	6,961	(6,452)
5. Number of half-days devoted to inspections	77	(73)
6. Number of half-days devoted to treatment	965	(1,010)
7. Number of permanent teeth extracted	213	(224)
8. Number of permanent teeth filled	2,498	(2,129)
9. Number of temporary teeth extracted	726	(747)
10. Number of temporary teeth filled	1,415	(1,574)
11. Total number of teeth filled	3,913	(3,703)
12. Number of administrations of general anaesthetics	384	(403)
13. Number of pupils x-rayed	264	(230)
14. Number of scalings and gum treatments	125	(107)
15. Number of teeth otherwise conserved	210	(77)
16. Number of teeth root filled	10	(6)
17. Courses of treatment completed	1,564	(1,234)
18. Orthodontics:		
New cases commenced during year	79	(77)
Cases completed during the year	61	(52)
Cases discontinued during year	6	(14)
Number of removable appliances fitted	141	(140)
Number of fixed appliances fitted	5	(7)
Pupils referred to Hospital Consultant	2	(3)
19. Prosthetics:		
Number of pupils supplied with full upper or full lower denture	1	(Nil)
Number of pupils supplied with partial denture	1	(Nil)

Figures for 1971 are given in brackets.

TABLE III

Return of Defects found in the course of Medical Inspections in 1972

<i>Defect or Disease</i>				<i>Periodic Inspections</i>				<i>Special Inspections</i>			
				<i>Requiring treatment</i>		<i>Requiring to be kept under observation</i>		<i>Requiring treatment</i>		<i>Requiring to be kept under observation</i>	
Skin	...	...	...	25	(18)	75	(55)	1	(-)	1	(6)
Eyes:											
(a) vision	...	...	...	412	(313)	195	(321)	202	(215)	325	(493)
(b) squint	...	...	...	13	(9)	16	(13)	-	(-)	-	(-)
(c) other	...	...	...	1	(3)	11	(13)	1	(1)	1	(-)
Ears:											
(a) hearing	...	...	...	22	(5)	66	(60)	26	(27)	5	(42)
(b) otitis media	...	...	...	8	(10)	56	(55)	-	(1)	-	(1)
(c) other	...	...	...	5	(13)	17	(20)	4	(4)	-	(1)
Nose and Throat	...	...	...	26	(12)	171	(90)	-	(3)	4	(10)
Speech	...	...	...	23	(19)	37	(25)	57	(59)	2	(14)
Cervical Glands	...	...	...	-	(-)	73	(10)	-	(-)	1	(1)
Heart and Circulation	...	...	...	-	(-)	19	(22)	-	(-)	-	(8)
Lungs:											
(a) Pulmonary Tuberculosis (definite)	...	...	...	-	(-)	-	(-)	-	(-)	-	(-)
(b) Other lung diseases	...	...	...	10	(10)	85	(53)	-	(-)	-	(6)
Development:											
(a) Hernia	...	...	...	1	(-)	3	(-)	-	(-)	-	(2)
(b) Other	...	...	...	4	(1)	33	(40)	-	(-)	2	(13)
Nervous System:											
(a) Epilepsy	...	...	...	1	(3)	2	(1)	-	(-)	-	(-)
(b) Other	...	...	...	4	(1)	21	(26)	3	(4)	3	(4)
Orthopaedic:											
(a) Posture	...	...	...	3	(4)	26	(10)	1	(1)	-	(6)
(b) Foot defects	...	...	...	19	(12)	86	(41)	1	(7)	1	(11)
(c) Other	...	...	...	22	(10)	63	(35)	-	(3)	-	(11)
Psychological:											
(a) Development	...	...	...	4	(-)	45	(27)	3	(4)	1	(5)
(b) Stability	...	...	...	9	(4)	88	(56)	7	(5)	4	(15)
Other Diseases	...	...	...	7	(3)	33	(21)	2	(2)	5	(10)
Totals	...	...	...	619	(450)	1,221	(994)	308	(336)	355	(659)

Figures for 1971 are in brackets.

I. Handicapped Children

In view of the increasing stress given to the developmental screening of young children from birth, it is hoped that by the age of two years any child with a handicap will be known to the Health Services Department. Plans can then be made for his future educational, as well as for his medical and social needs. The health visitor is a key figure in advising and supporting the parents especially where there is family stress.

Many handicapped children, whether suffering from physical, emotional or mental defects, can benefit from normal schooling, but there are some who will require special educational facilities within the framework of the ordinary school, placement in day or boarding special school or hospital school.

Table V on page 62 sets out by categories the handicapped pupils ascertained as at 31st December, 1972, and shows what provision was made for their special educational treatment.

(i) Home Tuition

Some handicapped children, whilst waiting for admission to a Special School, or because of the severity of their disabilities, have to be provided with education in their own homes, and we are grateful for the helpful co-operation we receive from the Borough Education Officer when such provision becomes necessary.

Only one child classified as handicapped received this service during the course of the year, but six other children received tuition in their homes for limited periods when absent from school on account of broken limbs, operative treatment, etc.

(ii) *Speech Therapy*

The general administration of this service is controlled by the County Medical Officer, and it has been possible to continue an uninterrupted service at the Bourne Hall Health Centre, Epsom and Ewell Health Clinics, and the Riverview School Partially Hearing Unit.

Details of the work carried out during the year are given in the Table below. 26 pupils were on the waiting list at the end of the year:

TABLE IV

<i>1972</i>	<i>Epsom Health Clinic</i>	<i>Ewell Health Clinic</i>	<i>Riverview Partially Hearing Unit</i>	<i>Bourne Hall Health Centre</i>
Number of treatment Sessions	108	183	46	45
Number of children discharged	(90)	(205)	(68)	(7)
during the year:				
(a) Cured	4	26	—	—
(b) Improved	9	9	22	3
(c) Other reasons	2	2	—	—
Number under treatment at end				
of year	15	29	15	18
Number under supervision at				
end of year	20	36	8	20

Figures for 1971 are given in brackets.

TABLE V
Handicapped Pupils as ascertained at 31st December, 1972

Category	At ordinary school under medical supervision	At special school or Hospital School	Attending Speech Clinic	Attending Child Guidance Clinic	At ordinary school—on waiting list for special school	Home teaching provided	Under school age and under medical supervision	At ordinary school—on waiting list for Speech and Child Guidance Clinics	At home awaiting admission to special school or speech therapy	Total
Blind and partially sighted	— (—)	1 (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (1)
Deaf and partially deaf ...	9 (8)	14 (16)	— (—)	— (—)	— (—)	— (—)	1 (1)	— (—)	— (2)	24 (27)
Delicate ...	14 (13)	1 (1)	— (—)	— (—)	— (—)	— (—)	2 (6)	— (—)	— (—)	17 (20)
Physically handicapped ...	19 (16)	11 (12)	— (—)	— (—)	— (—)	— (—)	2 (5)	— (—)	— (—)	32 (33)
Educationally sub-normal	2 (2)	42 (43)	— (—)	— (—)	5 (2)	— (—)	— (—)	— (—)	1 (1)	50 (48)
Epileptic ...	18 (17)	— (1)	— (—)	— (—)	— (—)	— (—)	2 (3)	— (—)	— (—)	20 (21)
Maladjusted ...	3 (—)	20 (16)	— (—)	22 (28)	— (2)	1 (1)	— (—)	11 (1)	3 (—)	60 (48)
Speech ...	— (—)	— (—)	141 (107)	— (—)	— (—)	— (—)	— (—)	19 (5)	7 (4)	167 (116)
Totals ...	65 (56)	89 (90)	141 (107)	22 (28)	5 (4)	1 (1)	7 (15)	30 (6)	11 (7)	371 (314)

Figures for 1971 are given in brackets

TABLE VI

<i>Audiometry</i>						
	<i>Routine Examinations</i>		<i>Retests and Specials</i>		<i>Total</i>	
1. Number of Children tested ...	853	(856)	121	(123)	974	(979)
2. Number of Children who failed test	37	(56)	47	(35)	84	(91)
3. Result of investigations by School Medical Officers:						
(a) No significant hearing loss ...	5	(23)	5	(8)	10	(31)
(b) No significant hearing loss but child appears to be mentally retarded	—	(1)	1	(1)	1	(2)
Deafness due to:						
(c) Catarrhal conditions	15	(16)	24	(12)	39	(28)
(d) Old Otitis media	3	(8)	3	(8)	6	(16)
(e) Injury	—	(—)	—	(—)	—	(—)
(f) Other causes	2	(4)	3	(3)	5	(7)
(g) Undetermined causes	11	(4)	11	(2)	22	(6)
(h) Untraced or left the district ...	1	(—)	—	(—)	1	(—)
(i) Already supplied with Hearing Aids	—	(—)	—	(—)	—	(—)
(j) Investigations remaining to be carried out	—	(—)	—	(1)	—	(1)
	<u>37</u>	<u>(56)</u>	<u>47</u>	<u>(35)</u>	<u>84</u>	<u>(91)</u>
4. <i>Recommendations:</i>						
(a) No action required	14	(1)	1	(2)	15	(3)
(b) For observation only	13	(41)	11	(17)	24	(58)
(c) Referred to Audiology Clinic	6	(2)	21	(13)	27	(15)
(d) Referred to General Practitioner	—	(7)	7	(1)	7	(8)
(e) Referred to Ear, Nose and Throat Consultant	3	(1)	6	(—)	9	(1)
(f) Special position in Class ...	1	(4)	1	(2)	2	(6)
(g) Hearing Aid and supervision by Teacher of the Deaf	—	(—)	—	(—)	—	(—)

Figures for 1971 are given in brackets.

(iii) *Early Diagnosis and Treatment of Deaf Children*

The aims of the Health Visitors and the School Medical Officers are to discover all young deaf children as early as possible in life and to make appropriate plans for their special education.

To ensure that no deaf children have been missed after school entry, all pupils aged 6-7 years are given a routine pure-tone hearing test in school by the audiometrician. In 1972 853 pupils were so tested and of these 37 (43%) showed significant hearing loss (see Table VI above). Those failing this routine test and any other children causing concern were seen by Dr. E. A. Beet, County Audiologist, for further investigation and treatment. Children with mild hearing defects, often of catarrhal origin, were kept under observation by the School Medical Officers.

At the end of the year the ascertained hard of hearing children were:

(a) At Special Schools ...	14	(16)
(b) In ordinary Schools and under supervision by Medical Officers and Teachers of the Deaf ...	9	(8)
(c) Under school age and under medical supervision ...	1	(1)
(d) At home awaiting admission to Special Schools ...	—	(2)
(e) Hearing Aid provided ...	22	(28)

Figures for 1971 are given in brackets.

(iv) *Convalescent Homes*

Any delicate child who attends a school maintained by the Local Educational Authority may be provided with convalescent home treatment free of charge. Such treatment may be recommended for periods up to 4 weeks.

During 1972, 2 school children were sent for convalescent holidays by the Council.

(v) *Child Guidance*

Children showing signs and symptoms of emotional upset can be referred by the general practitioners to Consultant Child Psychiatrists at local or teaching hospitals or to the Epsom Child Guidance Clinic, where Dr. C. L. Casimir is the Child Psychiatrist. Besides Dr. Casimir the psychiatric team is comprised of two educational psychologists, a psychotherapist and social workers.

If a head of a school, a medical officer, social worker, or a parent is concerned about a child a referral can be made direct to the Child Guidance Clinic for assessment and treatment.

(vi) *School Psychological Service*

Mr. Roland Wood, Senior Educational Psychologist, reports as follows:—

“In September 1972 we welcomed Miss Ingrid Garfield as the new educational psychologist for the Borough. As well as helping with the assessment and sometimes treatment of individual children and families whose problems are referred to the Child Guidance Clinic, an increasing aspect of School Psychological Service work has been concerned with the whole school population. An example of this has been the educational screening (for reading and ability) of all 7½-8½ year old children in the Borough's schools. Epsom and Ewell was one of the pilot areas of this scheme, now in its third year, and extended to most parts of Surrey.

The purpose of the screening is not to label decisively children at a young age but to aid in the early detection of those children who may need special help of various kinds. As well as providing an approximate estimate of every child's ability and progress in an important skill, it is particularly useful in identifying:

- (a) those children of average ability or above who are seriously underfunctioning, i.e. those whose reading ages are two or more years behind their chronological ages, who may need periods of part-time remedial teaching whether within their normal schools, or at Clayhill Remedial Centre;
- (b) those children of very superior ability who may need scope to extend them to their limits and fully to realise their potential. However it is important to be aware that such children may be advanced intellectually but not necessarily in their emotional and social development;
- (c) those children of well below average ability who are finding such difficulty with reading and other skills that they may require full-time special education.

As well as organising the screening, the psychologists are involved in the more detailed individual assessments of children who fall into the categories mentioned, and they are particularly involved with children recommended for attendance at Clayhill. Such children are now given special medical examinations by Dr. Davis, Senior Medical Officer, who is also much concerned with the assessment of children in group (c). Associated with this very important focus on reading, there have been a number of local in service training courses for teachers on this subject both at Clayhill and at other centres, to which the psychologists have contributed. There has also been a new peripatetic remedial teacher appointed, Miss Mould, who teaches small groups of underfunctioning children in some of the borough schools, and helps to advise staff concerned with remedial teaching.

The need for improving reading standards cannot be underestimated and it has far reaching effects in preventing additional behaviour and delinquency problems at secondary level. Along with one vital importance of the psychological aspects of mother/child relationships in the pre-school years and the need for providing a rich stimulating environment in which language can develop to the maximum, we feel it to be an essential aspect of our work at the present time. It plays a part in community health in preparing our children to attain educated, stable and mature parenthood, so preventing them becoming educational misfits with all the attendant difficulties: problem families producing further problem families.

In connection with these wider aspects of our work, we particularly value our growing links with school counsellors, the social service department, and the health service, including health visitors and speech therapists. Through the health visitors we hear of younger children with problems and also have increasing contact with general practitioners; the speech therapists can often let us know of children with other learning difficulties. Recently too we have helped to assess children (with special language tests) selected by them for intensive speech therapy courses.

The educational psychologists feel very fortunate in having had the friendly and informal but valuable links with Dr. Davis, Senior Medical Officer. Though it is likely that in 1974 we shall be more fully integrated with the Education Department we hope that this area of communication and advice will continue as fruitfully as it has in the past. In the education field, Mr. Pitchers, our local General Inspector, is also the Inspector for Special Education for the whole of Surrey. In most of the areas of work mentioned above we share a common interest. Examples of two new developing fields in which he works with us are the vast

area of the education of severely sub-normal children and young adults in some local hospital schools and also in the newly formed assessment panels concerned with deaf and partially hearing children, including those at the Riverview Partially Hearing Unit.

During the year, two trainee educational psychologists have worked in Epsom and Ewell for a month and as well as helping in the assessment of children (some identified by the screening) with educational and behaviour difficulties and advising some parents, they have also tested children at the Riverview Unit and had valuable help from Mrs. Uttley the teacher in charge there. They have also seen some physically handicapped adults at Banstead Place Rehabilitation Centre. The above account may give some idea of the range and scope of our work in the School Psychological Service."

(vii) *Clayhill Remedial Centre*

During 1972 the Centre continued to provide a remedial service for the Schools in the area. Help was given to children who were unable to make progress in schools although of average or above average ability.

The end of the Summer Term 1972 saw the retirement of Miss Kathleen Hickey, teacher-in-charge of the Centre since it opened in 1963. I would like to endorse the views of Miss U. L. Forshaw, Miss Hickey's successor, who, in her annual report to the Education Committee stated:—

"Miss Hickey's dynamic personality, her sincerity and her dedication to the interests of children with reading disabilities have created a happy and thriving centre with a national reputation. The children who have known her remember her with gratitude and affection. Her untiring efforts to enlighten the general public by Television and by lectures, as to the nature of reading problems and their successful treatment have given hope to many anxious parents who believed that no help was possible. Miss Hickey's courses of training for Remedial Teachers will have their impact in the Schools now and in years to come. Her inspiration will remain with colleagues and in the work of Clayhill."

I personally would like to express my deep appreciation of the outstanding work Miss Hickey carried out during her time at Clayhill.

Liaison between the Health Department and the Centre was maintained through the medium of Dr. E. Davis, Senior Medical Officer, who attended at the Centre to carry out routine medical examinations.

(viii) *The Lindens Day Unit for Disturbed Children, St. Ebba's Hospital*

This unit has been in operation for seven years and continues to provide expert and dedicated help for children suffering from autism and other behaviour disturbances. A Consultant Psychiatrist is in charge of the unit and Mrs. B. Furneaux is the Teacher-in-Charge. Dr. Canepa-Anson, Medical Officer, visits the unit for routine medical examinations.

Mrs. Fureaux has kindly contributed the following progress report:

"The number of children attending the Lindens at present is 36, of whom 17 were diagnosed as psychotic on admission. We have 8 children attending the Unit who actually live in Epsom and Ewell District. Eight of the children in attendance were originally diagnosed as being severely sub-normal. Two of these children have not been with us long enough to make a positive statement, but it has been found that the others were incorrectly classified as severely sub-normal.

Sixteen of the children had no effective speech on admission, but of this number only four could still be classified as totally mute. We are particularly pleased with two brothers living in Epsom, one aged 10 and one 8 years, who now give every sign of achieving full speech from being mute.

During the past year five children left the Lindens, three to return to ordinary school, one to hospital for treatment and one to attend a school for educationally sub-normal children.

We have continued to receive the same excellent medical and dental care.

Last Christmas the children gave a very successful performance of the Nativity story after which they had their Christmas party and during the year they had several outings including a day trip to the Isle of Wight and a visit to the pantomime at Wimbledon.

Plans for the new school are now taking shape and we hope that the actual building will soon be started. The parents are hoping to raise the money to provide a swimming pool which will be most beneficial as we have found that many of the children are more relaxed in the water than in any other circumstance."

J. Immunisation and Vaccination

The various programmes for the protection of children against certain diseases continued throughout the year.

(a) *Vaccination against Diphtheria, Tetanus, and Poliomyelitis*

A booster immunisation against diphtheria, tetanus and poliomyelitis is offered to children soon after they start school attendance and a further booster against tetanus and poliomyelitis is offered to pupils approaching school leaving age.

(b) *Vaccination against German Measles (Rubella)*

The Department of Health and Social Security have recommended that vaccination against German Measles should be offered to girls between their eleventh and fourteenth birthdays. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against German Measles by vaccination before reaching child bearing age, because of the known risk of certain serious abnormalities occurring in the baby if German Measles is contracted during pregnancy. 1972 was the third year of the scheme and vaccination was offered to two age groups, i.e. 11 and 12 year olds. The future pattern of the scheme will be to offer this protection to girls of 11 years of age in the Primary Schools.

(c) *Vaccination against Tuberculosis*

BCG vaccination continues to be offered to 13-year-old pupils and 71.7% of children in this age group were vaccinated.

Below are given details of protective procedures carried out on school children during 1972:—

	<i>At Schools and Clinics</i>		<i>By General Practitioners</i>		<i>Total</i>	
Combined diphtheria/tetanus ...	527	(561)	265	(219)	792	(780)
Poliomyelitis ...	1,135	(1,130)	356	(310)	1,491	(1,440)
German Measles (Rubella) ...	454	(420)	60	(44)	514	(464)
Tuberculosis (BCG) ...	640	(660)	—	(—)	640	(660)

Figures for 1971 are given in brackets.

I wish to thank Head Teachers for their co-operation, as I fully appreciate the inconvenience which may be caused by these procedures in their schools.

K. Deaths of School Children

Deaths of children of school age during the year were as follows:

Girl aged 17 years	—	acute urinary infection.
Girl aged 16 years	—	liver condition.
Boy aged 8 years	—	metabolic disease.

L.

TABLE VII

Notification of Communicable Diseases by Head Teachers during 1972

(a) *Infectious Diseases*

<i>Disease</i>	<i>Suffering</i>		<i>Excluded on Suspicion</i>		<i>Infection at Home</i>		<i>Total Exclusions</i>	
Smallpox ...	—	(—)	—	(—)	—	(—)	—	(—)
Diphtheria ...	—	(—)	—	(—)	—	(—)	—	(—)
Scarlet Fever ...	7	(3)	—	(—)	—	(1)	7	(4)
Enteric Fever ...	—	(—)	—	(—)	—	(—)	—	(—)
Measles ...	9	(74)	—	(—)	—	(—)	9	(74)
Whooping Cough ...	6	(3)	—	(—)	—	(—)	6	(3)
German Measles ...	21	(16)	—	(—)	—	(—)	21	(16)
Chickenpox ...	206	(52)	1	(—)	—	(—)	207	(52)
Mumps ...	148	(1)	—	(—)	—	(—)	148	(1)
Jaundice ...	1	(—)	—	(—)	—	(—)	1	(—)
Other ...	8	(3)	—	(—)	—	(—)	8	(3)
Totals ...	406	(152)	1	(—)	—	(1)	407	(153)

(b) Contagious Diseases

<i>Disease</i>			<i>Suffering</i>		<i>Excluded on Suspicion</i>		<i>Total Exclusions</i>	
Ringworm	...	...	-	(-)	-	(-)	-	(-)
Impetigo	...	...	4	(1)	-	(-)	4	(1)
Scabies	...	...	1	(-)	-	(-)	1	(-)
Other	...	...	25	(-)	-	(-)	25	(-)
Totals	...	...	30	(1)	-	(-)	30	(1)

Figures for 1971 are given in brackets.

M. School Meals and Milk

The following is a summary showing the number of children taking meals and milk on a day in October, 1972.

TABLE VIII

<i>Category</i>		<i>Total Number in Attendance</i>	<i>Free</i>	<i>MEALS Full Cost</i>	<i>% of Total Taking Meals</i>	<i>MILK Number Taking Milk</i>
Primary	...	4,828 (5,021)	160 (181)	3,929 (3,857)	84.7 (80.4)	1,991 (1,971)
Secondary	...	3,813 (3,694)	100 (91)	2,283 (2,193)	62.5 (61.8)	- (-)
Totals	...	8,641 (8,715)	260 (272)	6,212 (6,050)	74.9 (72.5)	1,991 (1,971)

Figures for 1971 are given in brackets.

N. Health Education in Schools

Medical Officers and Health Visitors continue to advise parents and children individually on health education matters when attending schools to carry out routine medical inspections.

Owing to the increasing demands upon the time of Health Visitors it has not been possible to carry out any group health education in schools. Moreover we have barely been able to maintain our medical staffing of schools and this situation has virtually eliminated any chance of school medical officers entering the health education field. Even though teachers incorporate health aspects during their day-to-day teaching it is all very sad that fertile ground is not receiving the specialist attention it should.

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